FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000107071

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90092 037 ***150.00

1. Corporatio	n Name TYPE OF MIAMI, INC.	107071			
Principal Plac	e of Business	Mailing Address			T 10011081 (IO 1611) IONI ORIN ORIN COURT HON COURT FOR COURT HORSE COURT HORSE CONTROL
8617 NW 196TI		8617 NW 196TH TERRACE			
HIALEAH FL 33015 HIALEAH FL 33015					DO NOT MOTE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					12/22/1997
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26	<u> </u>		65-0273017 Not Applicable
Suite, Apt.	#, etc *	Suite, Apt: #; etc:			5. Certificate of Status Desired Fee Required
City & Stat	City & State City & State				6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zíp	Cou	ntry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. ☑ Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
VED	DECIA, SAMUEL			81 Name	8
	7 NW 196TH TERRACE			82 Street	t Address (P.O. Box Number is Not Acceptable)
	LEAH FL 33015			-	
HIAL	LEAN FC 33013			83	
				84 City	FI 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	es, the a	ove-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flori	uthorized rida Stat	by the corputes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	ALATE	Pagietorod	A need a least to	e required when reinstating) DATE
12.		ID DIRECTORS	13,	Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1111	Œ	☐ Change ☐ Addition
NAME	VERDECIA, LUCY		1.2 N	ME	
STREET ADDRESS	ANAT ANAL ABOTH TERRACE		1.3 \$7	REET ADDRESS	s
CITY-ST-ZIP	HIALEAH FL 33015		1.4 CI	TY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TI		Change Addition
NAME	VERDECIA, SAMUEL -		2.2 N	ME .	
STREET ADDRESS			2.3 \$	REET ADORESS	s
CrTY-ST-ZIP	HIALEAH FL 33015		2.40	TY-ST-ZIP	
TITLE		☐ DELETE	3.1 Τ	n.E	☐ Change ☐ Addition
NAME	-	4	3.2 N	ME	
STREET ADDRESS			3.3 S	REET ADDRESS	s
CITY-ST-ZIP	<u> </u>		3.4. C	TY-ST-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE .	☐ Change ☐ Addition
NAME			4.2 N	AME	
STREET ADDRESS)		4.3 S	REET ADDRESS	s [
CITY-ST-ZIP			4.4 C	TY-ST-ZIP	
TITLE		☐ DELETE	5.1 TI		☐ Change ☐ Addition
NAME			5.2 N	ME	
STREET ADDRESS	:l				
	1			REET ADDRESS	us
C/TY-ST-ZIP		T ACIETY	5.4 C	TY-ST-ZIP	
TITLE		DELETE	5.4 CI	TY-ST-ZIP	Change Addition
TITLE NAME	(1914) 36 17	☐ DELETE	5.4 CI 6.1 TI 6.2 N	TY-ST-ZIP TLE	☐ Change ☐ Addition
TITLE NAME	eren san er san e san	☐ DELETE	5.4 Ci 6.1 Ti 6.2 No 6.3 Si	TY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, option in attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE PROVEDED SIGNATURE AND VIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/53

305-829-2026

Daytime Phone #