

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90039 015 ***150.00

DOCUMENT # P98000015983

1. Corporation Name

Miamigo Publishing, Inc. ✓

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1998

4. FEI Number

65-0823161 ✓

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1234 Washington Ave.

Suite, Apt. #, etc.

Suite 202

City & State

23 Miami Beach, FL

Zip

33139

Country

25 USA

2a. Mailing Address

26 1234 Washington Ave.

Suite, Apt. #, etc.

Suite 202

City & State

28 Miami Beach, FL

Zip

30 33139

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Steven K. Baird

82 Street Address (P.O. Box Number is Not Acceptable)

716 Michigan Ave.

83

Suite 401

84 City

Miami Beach

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Steven K. Baird

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

P/D

1.2 NAME

Michael E. Huter

1.3 STREET ADDRESS

1234 Washington Ave, Ste. 202

1.4 CITY-ST-ZIP

Miami Beach FL 33139

2.1 TITLE

VP/D

2.2 NAME

George Mangrum

2.3 STREET ADDRESS

1234 Washington Ave., Ste. 202

2.4 CITY-ST-ZIP

Miami Beach FL 33139

3.1 TITLE

S/T/D

3.2 NAME

Anthony P.T. Brooks

3.3 STREET ADDRESS

1234 Washington Ave, Ste. 202

3.4 CITY-ST-ZIP

Miami Beach FL 33139

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☒ Addition

☐ Change ☒ Addition

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☐ 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)(i), 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 or 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Huter

Michael E. Huter President

4/30/99

Date

305-532-5051

Daytime Phone #

CR2E034 (1/98)