## 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

## Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90028 008 \*\*\*158.75

DOCUM	MENT # P98000	062868								
1. Corporation Name GT MIAMI, INC.						,				
Principal Place	of Business	Mailing Addre	SS						##### 1001	
36 N.E. 2ND AVENUE ATTENTION: MELISSA CRAI MIAMI FL 33132 60 HUDSON STREET - #110							DO NOT WRITE IN TH	S SDACE		
		NEW YORK NY	10013				Date Incorporated or Qualifed     07/10/1998	O OI AOL		
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 65 - 085 7617	Not	plied For t Applicable		
Suite, Apt. #, etc.		·····	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip Country 24 25		Zip					8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Current	_ \		<u> </u>			10. Name and Address of New Registere	d Agent		
					Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET				82	Street A	Address (P.O. Box Number is Not Acceptable)				
TALL	AHASSEE FL 32301-2525			83						
				84	City		F	L 85 Zip C	10000	
office or re agent. I ar	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	af Florida Such ch	ande was autho	onzed by	the corpo	corpor ration	ation submits this statement for the purpose is board of directors. I hereby accept the app	of changing its ointment as rec	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Reg	istered Agen	t signature re	quired v	when reinstating) DATE			
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE			) DELETE	1.1 TITLE		Çί	50	☐ Change	Addition	
NAME				1.2 NAME		MIG	elissa Craig Hudson Street, Suite 1107			
STREET ADDRESS				1.3 STREET					Ť	
CITY-ST-ZIP			l DELETE	1.4 CITY-S	r-ZiP	×	ew York, NY 10013	Change	Addition	
TITLE NAME			2.1 TITLE 2.2 NAME		The	omas Tilton at contrel				
STREET ADDRESS				2.3 STREET		60	omas Tilton of Hudson Street, Suitel New York, NY 1001	3	Ī	
CITY-ST-ZIP			) DELETE	2.4 CITY-S 3.1 TITLE			<del></del>	☐ Change *	Addition	
TITLE NAME			3.2 NAME		30	anne Swanke	(10)			
					ADDRESS	la C	Anne swarmer Street, Suite	(10 1		
STREET ADDRESS CITY-ST-ZIP				34. CITY-S		Ň	Jew York, NY 10013			
TITLE			DELETE	4.1 TITLE		$^{\circ}$	-n	Change	Addition	
NAME				4. 2 NAME	ļ	M	artin Hausman + cutal	רמו		
STREET ADDRESS				4.3 STREET	ADDRESS	60	artin Hausman Hudson Street, Smite 1 Jew York, NY 1001	•		
CITY-ST-ZIP				4.4 CITY-S	Γ-ZIP	1	lew York, NY 1001	3		
TITLE			] DELETÉ	5.1 TITLE	}		•	☐ Change	☐ Addition	
NAME				5.2 NAME					f	
STREET ADDRESS				5.3 STREET						
CITY-ST-ZIP			1	5.4 CITY-S	T- ZIP			Псь		
TITLE			DELETE	6.1 TITLE	ļ			Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET	1				[	
CITY-ST-ZIP				6.4 CITY-S	1-ZIP					

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR