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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P98000074113

MIAMIAMIA, INC.

rincipal Place of Business	Mailing Address

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

05-13-1999 90050 016 \*\*\*150.00

							DO NOT WRITE IN TH			
							3. Date Incorporated or Qualifed			_
								25-98		
2. Principal Plac		2a.	Mailing Address		_		4. FEI Number		App	lied For
3135 (	COMMODORE PLAZA	26	9435 SW	100TH	ST	· · · · · · · · · · · · · · · · · · ·	65-0858506		Not	Applicable
Suite, Apt. #,	etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	,	. <b>75</b> Ad ee Red	dditional uired
City & State		27	City & State		_		6. Election Campaign Financing			vlav Be
MIAMI		28	MIAMI, I				Trust Fund Contribution		ided to	
Zip 331:	Country S.	29	Zip 33176		untry U •		This corporation owes the current year Personal Property Tax.	Intangible Yes		□No
·*I	9. Name and Address of Currer			1001	Ť		10. Name and Address of New Registers	ed Agent		
					81	Name				
DANIEL SANCHEZ				82	Street Ad	dress (P.O. Box Number is Not Acceptable)				
							ureas (1.0. Box Humper is Not / Nosephable)			
94	435 SW 100TH ST				83					
M	IAMI, FL 33176				84	City		. 85	Zip C	ode
					$\bigsqcup$	L	F		<del></del> _	<del></del>
11. Pursuant to	the provisions of Sections 607.050	2 and 60 of Florida	7.1508, Florida Sta Such change wa	atutes, the a	bove d by	e-named co the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changi pointment	ng its r as req	egistered istered
agent. I am	familiar with, and accept the obliga	tions of,	Section 607.0505,	Florida Stat	utes	i,	1//	1		
SIGNATURE	W. Sano	uc					4/24	$-/\Sigma$	<u> </u>	
	nature, typed or printed name of registered age		X	OTE: Registered	<u> </u>	nt signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIB	ECTO	96 IN 12
12.	OFFICERS AN	IO DIKEC	TORS DELETE	1.1 🎹			ADDITIONS/CHANGES TO OFFICERS	☐ Ch		Addition
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NAME	DANIEL SANCHEZ	ι		1.2 N						
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4. I hereby certify that the information supplied with this filling 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 attachmon attachmon as Statutes.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICER

4/26/99

Daytime Phone #

CR2E034 (11/98)