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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000081979

1. Corporation Name

CITY-ST-ZIP

SIGNATURE

NADIF OF INNER HARBOR, INC.

TADE OF HARLITTALIBOTE INC.						
Principal Place of Business Mailing Address				i illeitan ise seier initi netti neuti getti edizi	15:5) tf5{0 16{ t	· 2015 15:/ (57)
	DRO A. MARTIN, ESQ.					
1221 BRICKELL AVE SUITE 2100 1221 BRICKELL AVE SUITE 2100 MIAMI FL 33131 MIAMI FL 33131		00		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
				09/22/1998		
2. Principal Place of Business 2a. Mai	ling Address			4. FEBRUTOR 2122694		plied For t Applicable
[-1]	e, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22 27				5. Certifcate of Status Desired	Fee Re	quired
City & State City	& State			6. Election Campaign Financing	\$5.00	,
23 28				Trust Fund Contribution	Added t	o Fees
Zip Country Zip	Cou	ntry		8. This corporation owes the current year Int	angible □ Yes ⊿	JNo
24 25 29	30 30			Personal Property Tax. 10. Name and Address of New Registered		7
9. Name and Address of Current Registered	Ayent	81	Name	10. Haine and Address of Hear Megistered		L
MARTIN, PEDRO A ESQ. C/O GREENBERG TRAURIG, P.A. 1221 BRICKELL AVE., SUITE 2100					·	
		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
		83				
MIAMI FL 33131		\Box			lant St. (N- 4-
		84	City	FL	85 Zip (Jode
agent: I am familiar with, and accept the obligations of, Sec SIGNATURE Signature, typed or printed name of registered agent and title if appli	cable(NOTE: Registered		signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	DRS IN 12
12. OFFICERS AND DIRECTO	PRS 13. ☐ DELETE 1.1 T/I			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
MESION TEANWE FISH	IER 12NA					
NAME TAMANA TEANWE FISH STREET ADDRESS 164 SEMINOLE AVE	13ST	•	ADDRESS			
CITY-ST-ZIP PAIM BEACH FLOWOR 140		TY-ST				
TLE DELETE 21T					Change	☐ Addition
NAME 33480		ME				
STREET ADDRESS	2.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	2.4 CI		r-zip		·E10	
TITLE	□ DELETE 3.1 m		-		Change	Addition [
NAME	3.2 NA					
STREET ADDRESS			ADDRESS			
CITY-ST-ZIP	3.4. CI DELETE 4.1 TH		r-ZIP		Change	Addition
TITLE	4.2 N					
NAME .			ADDRESS)
STREET ADDRESS	4.3 ST					
CITY-ST-ZIP	DELETE 5.1 m		- 2.07		Change	Addition
NAME	5.2 N					
STREET ADDRESS	5.3 ST	REET	ADDRESS			
CITY-ST-ZIP	5.4 CF	TY-\$T	-ZIP			
mle	DELETE 6.1 TIT	TLE			Change	☐ Addition
) NAME	6.2 NA	ME				

6.4 CITY-ST-ZIP

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 noth; 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 the autochment with an address, with all other like empowered.