

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90003 003 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000085164

Corporation Name  
**POST OF MIAMI, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 S.W. 88TH STREET 6703 S.W. 88TH STREET  
 E 401 SUITE 401  
 MI FL 33156 MIAMI FL 33156

3. Date Incorporated or Qualified 10/05/1998	
4. FEI Number 65-0869496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
25	29
Country	30

9. Name and Address of Current Registered Agent

**ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG**  
 101 MADEIRA AVENUE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST ADDRESS	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP		1.2 NAME	Francisco M. Izquierdo
		1.3 STREET ADDRESS	6703 SW 88 Street, Ste. 401
		1.4 CITY-ST-ZIP	MIAMI, FL 33156
ST ADDRESS	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP		2.2 NAME	Rachael D. Izquierdo
		2.3 STREET ADDRESS	6703 SW 88 Street, Ste 401
		2.4 CITY-ST-ZIP	MIAMI, FL 33156
ST ADDRESS	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP		3.2 NAME	Francisco M. Izquierdo
		3.3 STREET ADDRESS	6703 SW 88 Street, Ste. 401
		3.4 CITY-ST-ZIP	MIAMI, FL 33156
ST ADDRESS	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP		4.2 NAME	Rachael D. Izquierdo
		4.3 STREET ADDRESS	6703 SW 88 Street, Ste. 401
		4.4 CITY-ST-ZIP	MIAMI, FL 33156
ST ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ST ADDRESS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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; that 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.

SIGNATURE: *Francisco M. Izquierdo* DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CRZE034 (5/99)