

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S26662 (4)

1. Corporation Name

M.C. PROPERTIES OF MIAMI, INC.



Principal Place of Business

Mailing Address

~~1110 BRICKELL AVENUE~~  
~~PENTHOUSE~~  
~~MIAMI FL 33131~~

~~1110 BRICKELL AVENUE~~  
~~PENTHOUSE~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

21 866 So. Dixie Highway

22 Suite, Apt. #, etc.

23 City & State

23 Coral Gables, Florida

24 Zip 33146

25 Country USA

2a. Mailing Address

26 866 So. Dixie Highway

27 Suite, Apt. #, etc.

28 City & State

28 Coral Gables, Florida

29 Zip 33146

30 Country USA

3. Date Incorporated or Qualified

01/23/1991

3a. Date of Last Report

07/18/1995

4. FEI Number

65-0238390

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

AUDIE, MICHAEL F.

~~1110 BRICKELL AVENUE~~

~~PENTHOUSE~~

~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name

MICHAEL F. AUDIE

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

866 So. Dixie Highway

83

84 City

Coral Gables

FL

85 Zip Code 33146

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

7/30/96

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

AUDIE, MICHAEL F.

~~1110 BRICKELL AVE., PH~~

~~MIAMI FL~~

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ROBERTS, CHRISTOPHER

~~1110 BRICKELL AVE PH~~

~~MIAMI FL~~

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

P

866 So. Dixie Highway

Coral Gables, FL. 33146

Change ☐ Addition ☒

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

VP

866 So. Dixie Highway

Coral Gables, FL. 33146

Change ☐ Addition ☒

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

D/VP

JACOBS, CHRISTOPHER

866 So. Dixie Highway

Coral Gables, FL. 33146

Change ☐ Addition ☒

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

D/S/T

BUTTARI, LOUIS A.

7845 Camino Real, #0-311

Miami, Florida 33143

Change ☐ Addition ☒

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change ☐ Addition ☐

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LOUIS A. BUTTARI, Secretary

7/30/96

Date

Signature Place

0038700

CR2E034 (3/96)