

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V05598

(0)

1. Corporation Name
PORTOFINO GROUP, INC.

Principal Place of Business

446 COLLINS AVE
MIAMI BCH FL 33139
US

Mailing Address

446 COLLINS AVE
MIAMI BEACH FL 33139-6610
US

2. Principal Place of Business

21 One S. Pointe Dr.

Suite, Apt. #, etc.

22 City & State
Miami Beach FL

23 Zip
33139

Country

24

2a. Mailing Address

26 One S. Pointe Dr.

Suite, Apt. #, etc.

27 City & State
Miami Beach FL

28 Zip
33139

Country

29

30

9. Name and Address of Current Registered Agent

THREATT, ROBERT R
446 COLLINS AVE
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

01/10/1992

3a. Date of Last Report

03/22/1996

4. FEI Number

58-1978210

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

10. Name and Address of New Registered Agent

81 Name

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

One S. Pointe Dr.

83

84 City

Miami Beach

FL

85

Zip Code
33139

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.

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

TITLE PD ☐ DELETE

NAME KAAMER, THOMAS

STREET ADDRESS 446 COLLINS AVE
CITY - ST - ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME HANAU, H

STREET ADDRESS 446 COLLINS AVE
CITY - ST - ZIP MIAMI BEACH FL

TITLE VPS ☐ DELETE

NAME NEE, M

STREET ADDRESS 446 COLLINS AVE
CITY - ST - ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

One S. Pointe Dr.

Miami Beach FL 33139

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

One S. Pointe Dr.

Miami Beach FL 33139

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

One S. Pointe Dr.

Miami Beach FL 33139

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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***165.00

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 13 if changed, or on any attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Nee, VP

2/19/97

305-532-2519

FILED
97 FEB 24 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)