

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 008 ***150.00

DOCUMENT # V05598

1. Corporation Name
PORTOFINO GROUP, INC.

Principal Place of Business

ONE S. POINTE DR.
MIAMI BEACH FL 33139
US

Mailing Address

ONE S. POINTE DR.
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 404 WASHINGTON AVE.

Suite, Apt. #, etc.

22 120

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 DADE

2a. Mailing Address

26 404 WASHINGTON AVE

Suite, Apt. #, etc.

27 120

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name BRIAN A. HART
THOMSON, MURARO, RAZOOK & HART, P.A.

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

ONE SE - 3RD AVENUE

83 17TH FLOOR

84 City MIAMI

FL

85 Zip Code 33131

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

BRIAN A. HART

BRIAN A. HART

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KAAMER, THOMAS
STREET ADDRESS ONE SOUTH POINTE DR
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☒ DELETE

NAME HANAU, H
STREET ADDRESS ONE S. POINTE DR.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VPS ☐ DELETE

NAME NEE, M
STREET ADDRESS ONE S. POINTE DR.
CITY-ST-ZIP MIAMI BEACH FL 33139

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 404 WASHINGTON AVENUE
1.3 STREET ADDRESS SUITE 120
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 404 WASHINGTON AVENUE
3.3 STREET ADDRESS SUITE 120
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME S CATHY COLONNESE
5.3 STREET ADDRESS 404 WASHINGTON AVE, SUITE 120
5.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)