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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State

FILED FLORIDA DEPARTMENT OF STATE Mar 17, 1999 8:00 am Secretary of State Katherine Harris DIVISION OF CORPORATIONS

03-17-1999 90161 045 ***150.00

DOCU	MENT # V55608	}		03-17-1333 30101 043	150.00	
 Corporation 	Name F MIAMI, INC.			ţ.		
11.0.0. 0	1 1411/1411, 1140.			k		
	_					e ri e ren (e ren
Principal Place	of Business	Mailing Address				
3303 NW 112 S		3303 NW 112 STREET				
MIAMI FL 33167-3312 MIAMI FL 33167-3312 US US			DO NOT WRITE IN THIS SPACE			
30				3. Date Incorporated or Qualifed		
				08/05/1992		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		lied For
21		26		65-0358892	\$8.75 A	Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Rec	
City & State		City & State		6. Election Campaign Financing	\$5.00 1	May Be
23	•	28		Trust Fund Contribution	Added to	,
Zip	Country	Zip	Country	8. This corporation owes the current year In		
24		293	0	Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered		
71.10	KERMAN, STEPHEN		81 Name ~	LUCKERMAN STEPT	ten_	
3303 NW 112 STREET MIAMI FL 33167			82 Street Add	ress (P.O. Box Number is Not Acceptable)		ļ
			83	22 2 12 42 61-		
1710 41	,			3303 NW 1125t.		
			84 City	Miami FL	85 Zip C	9967
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpose of	changing its	egistered
office or n	egistered agent, or both, in the State	of Florida Such change was autions of Section 607 0505. Florida	horized by the corporati la Statutes.	on's board of directors. I hereby accept the appo	Intment as reg	Istered
ı	KUS /	VCRS	dent	3//3	199	
SIGNATURE		of and title if applicable INOTE R	egistered Agent signature require		UD DIDECTOR	70.11.12
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	\	Addition
TITLE	ST CHERMAN CAPOL	C DECETE	11TITLE 12NAME			
NAME	ZUCKERMAN, CAROL 3303 NW 112 ST		1 3 STREET ADDRESS			
STREET ADDRESS	MIAMI FL		14 CITY-ST-ZIP			
CITY-ST-ZIP	PD	☐ DELETE	2; TITLE		☐ Change	Addition
NAME	ZUCKERMAN, STEPHEN		2.2 NAME			
STREET ADORESS	3303 NW 112 STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2 4 CITY- ST-ZIP			
TITLE	VD	☐ DELETE	3 1 TITLE		Change	Addition
NAME	ZUCKERMAN, RHODA		32 NAME			
STREET ADDRESS	3303 NW 112 STREET		33 STREET ADDRESS			\
CITY-ST-ZIP	MAIMI FL	☐ DELETE	34 CITY+ST-ZIP		Change	Addition
TITLE	AS Freeman, Paul H		4 2 NAME			_
NAME STREET ADDRESS	ALCO O DADELAND DIND AN	n6	4 3 STREET ADDRESS			
GITY-ST-ZIP	MAIMI FL	••	4 4 CITY-ST-ZIP			
TITLE		☐ DELETE	5 ; TIFLE		☐ Change	Addition
NAME			52 NAME			1
STREET ADDRESS			5.3 STREET ADDRESS			ļ
CITY-ST-ZIP			54 CrTY-ST-ZIP			T A dations
TITLE		☐ DELETE	61 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			1
CITY-ST-ZIP	\		64 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 trueice 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: