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

DOCUMENT # V66352	
LA RAMBLAS DEVELOPMENT CORP.	

Principal Place of Business Mailing Address 230 5TH STREET FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90181 025 ***150.00

MI BEACH FL 33139 MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed			
			09/23/1992			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
.	26		65-0396944	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional -Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		untry	8. This corporation owes the current year	Intangible		
25	29 30		Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
20000 0040		81 Name				
ROBINS, CRAIG 230 5TH STREET		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33139		83				
		84 City	F	85 Zip Code		
44	0000 1007 4500 Fl	shows named corp	oration submits this statement for the nurnose	of changing its registered		

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 i	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D ØELETE	1.1 TITLE		☐ Change	Addition
NAME	MIESTEL, LARRY	1.2 NAME			
STREET ADDRESS	230 5TH ST.	1.3 STREET ADDRESS		1.4	
CITY-ST-ZIP	MHAMI BEACH FL 33139	1.4 CITY-ST-ZIP			
TITLE	DPS	2.1 TITLE		☐ Change	☐ Addition
NAME	ROBINS, CRAIG	2.2 NAME			
STREET ADDRESS	230 5TH ST.	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139	2. 4 CITY-ST-ZIP		in Sier	
TITLE	DVT	3.1 TITLE		☐ Change	☐ Addition
NAME	HART, WENDY	3.2 NAME			
STREET ADDRESS	230 57H ST.	3.3 STREET ADDRESS			
C/TY-\$T-ZIP	MAMI BEACH FL 33139	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	VP	Change	Addition
NAME	•	4. 2 NAME	Steven Gretenstein 230 Fifth Street	•	
STREET ADDRESS		4.3 STREET ADDRESS	230 FITTA STIZET	~ -	-0
CITY-ST-ZIP		4.4 CITY+ST+ZIP	miani Beach, FL	331	
TITLE	DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			•
STREET ADDRESS		5.3 STREET ADDRESS	,	•	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		•	
TITLE	DELETE	6.1 TITLE	•	☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		*	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		Ĭ.	

I hereby certify that the information supplied indicated on this annual report or supplem officer or director of the corporation or the Block 12 or Block 13 if changes, or an an es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: