

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:30

DOCUMENT # 739337 (4)

1. Corporation Name
DOWNTOWN MIAMI PARTNERSHIP, INC.

Principal Place of Business		Mailing Address	
25 S.E. SECOND AVENUE SUITE 825 MIAMI FL 33131 US		25 S.E. SECOND AVENUE SUITE 825 MIAMI FL 33131 US	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23		28	
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1743641	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KAPUSTIN, RAFAEL
25 S.E. SECOND AVENUE
SUITE 825
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KAPUSTIN, RAFAEL
STREET ADDRESS	25 S.E. 2ND AVENUE
CITY- ST- ZIP	MIAMI FL 33131
TITLE	D
NAME	SALZBERG, DANNY
STREET ADDRESS	25 S.E. 2ND AVENUE
CITY- ST- ZIP	MIAMI FL 33131
TITLE	D
NAME	MAYER, DOUG
STREET ADDRESS	25 S.E. 2ND AVENUE
CITY- ST- ZIP	MIAMI FL 33131
TITLE	TD
NAME	RODRIGUEZ, ANGEL
STREET ADDRESS	25 S.E. 2ND AVENUE
CITY- ST- ZIP	MIAMI FL 33131
TITLE	SD
NAME	ROQUE, RAOUEL
STREET ADDRESS	25 S.E. 2ND AVENUE
CITY- ST- ZIP	MIAMI FL 33131
TITLE	D
NAME	TERCILLA, RAUL
STREET ADDRESS	25 S.E. 2ND AVENUE
CITY- ST- ZIP	MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>D Pardo, Georgina</i>
2.3 STREET ADDRESS	<i>25 SE 2 Avenue # 825</i>
2.4 CITY- ST- ZIP	<i>MIAMI FL 33131</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>TD Behar, Yoshua Sal</i>
4.3 STREET ADDRESS	<i>25 SE 2 Avenue # 825</i>
4.4 CITY- ST- ZIP	<i>MIAMI FL 33131</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>D Rok, Sergio</i>
6.3 STREET ADDRESS	<i>25 SE 2 Avenue # 825</i>
6.4 CITY- ST- ZIP	<i>MIAMI FL 33131</i>

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: _____ DATE: *1/23/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR