Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

| | art I Annual Report Identification Infor | | | | | | |
|----------|---|---------------------------|-------------|--------------------------------------|---------|-----------------------------|---------------------------|
| For | calendar plan year 2009 or fiscal plan year beginning | 01/01/20 | 09 | and ending | 12/31/2 | 2009 | |
| Α | This return/report is for: Single-employer plan | 1 | multiple-e | employer plan (not multiemployer) | | one-participar | nt plan |
| В | This return/report is for: | | final retur | n/report | | | |
| | an amended return/ | eport | short plar | n year return/report (less than 12 m | onths) | | |
| С | Check box if filing under: | Ī | automatic | extension | | DFVC progra | m |
| | special extension (e | nter descript | ion) | | | | |
| Pa | art II Basic Plan Information—enter all req | uested inforr | mation | | | | |
| | Name of plan | | | | 1b | Three-digit | |
| MIRA | AX DEVELOPMENT 401(K) PLAN | | | | | plan number | 001 |
| | | | | | 4. | (PN) • | |
| | | | | | 10 | Effective date of 01/01/20 | |
| 2a | Plan sponsor's name and address (employer, if for sir | ale-employe | er plan) | | 2b | Employer Identif | cation Number |
| | AX DEVELOPMENT, LLC | 3 1 -7 - | , | | | (EIN) 26-2609 | |
| | NE 215 117 217 217 | | | | 2c | | elephone number |
| | NE 2ND AVE, SUITE 400 /II, FL 33137-3699 | | | | 2d | 305-572 Business code (s | |
| | | | | | | 531310 | oce mondonorie, |
| | Plan administrator's name and address (if same as Pl | | | | 3b | Administrator's E | |
| MIRA | AX DEVELOPMENT, LLC | 3841 NE 2N MIAMI, FL 3 | | ITE 400 | 30 | Administrator's to | |
| | | | | | 30 | 305-572 | elephone number 2-9647 |
| | f the name and/or EIN of the plan sponsor has change | | | port filed for this plan, enter the | 4b | EIN | |
| - | name, EIN, and the plan number from the last return/re | port. Spons | or's name | | 4c | DNI | |
| 5a | Total number of participants at the beginning of the p | an vear | | | | TIN | 2 |
| b | Total number of participants at the end of the plan year | | | | | | 2 |
| C | Total number of participants at the end of the plan year | | | ge | | 2 | |
| | complete this item) | | | • | . 5c | | 2 |
| 6a | Were all of the plan's assets during the plan year inv | ested in eligi | ble assets? | (See instructions.) | | | X Yes No |
| b | Are you claiming a waiver of the annual examination | | | | | | V vaa 🗆 Na |
| | under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of | | | • | | | X Yes No |
| Pa | rt III Financial Information | annot use i | 01111 3300- | or and must mistead use i orm s | 500. | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End | of Year |
| а | Total plan assets | | 7a | (4) | | (3) | 58891 |
| b | Total plan liabilities | | 7b | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | | | | 0 | | 58891 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | | (a) Amount | | (b) T | otal |
| а | Contributions received or receivable from: | | 2 (1) | 4.4 | 1.5 | | |
| | (1) Employers | | , , | 44 | | | |
| | (2) Participants | | ` ' | 102 | | | |
| h | (3) Others (including rollovers) | | | 403 | | | |
| b | Other income (loss) | | | 38- | +2 | | 58891 |
| c d | Benefits paid (including direct rollovers and insurance | | 8c | | | | 30091 |
| <u>.</u> | to provide benefits) | | 8d | | | | |
| е | Certain deemed and/or corrective distributions (see in | structions) | 8e | | | | |
| f | Administrative service providers (salaries, fees, comm | nissions) | 8f | | | | |
| g | Other expenses | | 8g | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | 8h | | | | 0 |
| i | Net income (loss) (subtract line 8h from line 8c) | | 8i | | | | 58891 |
| i | Transfers to (from) the plan (see instructions) | | gi | | | | |

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| Dart IV | Dian | Characte | orictics |
|---------|------|----------|----------|
| Part IV | Plan | Charact | eristics |

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D If the plan provides welfare ben

| D | if the | bian provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara | acteris | tic Co | des in 1 | ine instri | uction | is: | |
|--------------|------------------|---|---------------------|----------|----------|------------|--------|-------|-----------------|
| art | ٧ | Compliance Questions | | | | | | | |
| 0 | Durin | g the plan year: | | Yes | No | | Ar | mount | |
| а | | there a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | |
| b | | there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.) | 10b | | X | | | | |
| С | Was | the plan covered by a fidelity bond? | 10c | | X | | | | |
| d | | ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty? | 10d | | X | | | | |
| е | insur | any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.) | 10e | X | | | | | 132 |
| f | Has t | he plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g | Did th | ne plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | | | | |
| h | | is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.) | 10h | | X | | | | |
| i | | was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | |
| art | VI | Pension Funding Compliance | | | | | | | |
| 1 | | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com | | | | | | Yes | X No |
| 12 | Is thi | s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | e or se | ction (| 302 of | ERISA? | | Yes | X No |
| | | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | Į. | _ | |
| а | If a w | aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- | | | | | | | |
| lf : | you co | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b | Enter | the minimum required contribution for this plan year | | L | 12b | | | | |
| С | Enter | the amount contributed by the employer to the plan for this plan year | | | 12c | | | | |
| d | | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount) | | | 12d | | | | |
| е | Will th | ne minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A |
| art | VII | Plan Terminations and Transfers of Assets | | | | | | | |
| 3a | Has a | resolution to terminate the plan been adopted during the plan year or any prior year? | | <u>.</u> | | | | Yes | X No |
| | If "Ye | s," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC? | under | the co | ontrol | | | Yes | X No |
| С | | ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.) | he pla | n(s) to |) | | | | |
| 1 | 3c(1) | Name of plan(s): | | 13 | c(2) El | N(s) | | 13c(3 | 3) PN(s) |
| | | | | | | | | | |
| | | | | | | | | | |
| Caut | ion: A | penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | ıse is | establ | ished. | | | |
| Jnde SB o | r pena r Sche | Ities of perjury and other penalties set forth in the instructions, I declare that I have examined this returnated the completed and signed by an enrolled actuary, as well as the electronic version of this returnate, correct, and complete. | urn/re _l | port, ir | ncluding | g, if appl | | | |
| | Eile | and with authorized/valid electronic cignature 10/04/2010 CHARLES LEDE | D. | | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 10/04/2010 | CHARLES LEDER | | | | | |
|------|---|------------|--|--|--|--|--|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator | | | | | |
| SIGN | Filed with authorized/valid electronic signature. | 10/04/2010 | CHARLES LEDER | | | | | |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor | | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2009

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

| Take 1 | | ordance w | ith the instructions to the Form 550 | 0-SF | | | | |
|---------------|---|-------------------------------|--|---------------|--|--|--|--|
| | Part Manual Report Identification Information | | | | | | | |
| F | | 01/01/ | 2009 and ending | | 12/31/200 |)9 | | |
| Α | his return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan | | | | | | | |
| В | This return/report is for: | | | | | | | |
| | an amended return/report | <u></u> | an year return/report (less than 12 mo | nthe) | | | | |
| _ | | ≓ | | 111112) | Пъти | | | |
| C | <u> </u> | _ | tic extension | | DFVC progra | m | | |
| 32897277 VIII | special extension (enter description) | · · | | | | | | |
| P | art II Basic Plan Information—enter all requested inform | nation | | | | * ** | | |
| 1 a | Name of plan | | | 1b | Three-digit | | | |
| | Mirax Development 401(k) Plan | | | i | plan number | | | |
| | | | | | (PN) • | 001 | | |
| | | | | 1c | Effective date of | | | |
| 22 | Dian anaparia nama and address (analysis if family is a | | | | 01/01/2009 | | | |
| 20 | Plan sponsor's name and address (employer, if for single-employer Mirax Development, LLC | r pian) | ĺ | 2D | Employer Identif | | | |
| | | | | 20 | | elephone number | | |
| | 3841 NE 2nd Ave, Suite 400 | | | | (305) 572-9 | 647 | | |
| | JOHN NE ZNO NYC, Duice 400 | | | 2d | Business code (s | | | |
| | Miami | | FL 33137-3699 | | 531310 | | | |
| 3a | Plan administrator's name and address (if same as Plan sponsor, ϵ | enter "Sam | ne") | 3b | Administrator's E | iN | | |
| | | | | | | | | |
| | | | | 3c | Administrator's to | elephone number | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the la | et return/r | anort filed for this plan, enter the | 414 | m 12 3 | | | |
| • | name, EIN, and the pian number from the last return/report. Sponso | or's name | eport filed for this plan, enter the | 40 | 4b EIN | | | |
| | | | | 4c | ₽N | | | |
| 5a | Total number of participants at the beginning of the plan year | | | 5a | | | | |
| b | | | | 5b | | | | |
| c | Total number of participants with account balances as of the end of | | | 30 | | 2 | | |
| | complete this item) | ii tile biati | year (defined benefit plans do not | 5c | | 2 | | |
| 6a | Were all of the plan's assets during the plan year invested in eligib | | | | | X Yes ☐ No | | |
| b | Are you claiming a waiver of the annual examination and report of | an indepe | endent qualified public accountant (IQ | PA) | *************************************** | <u>ы</u> | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | and condit | ions.) | | ***************** | X Yes No | | |
| 11258250000 | If you answered "No" to either 6a or 6b, the plan cannot use Fe | orm 5500 | SF and must instead use Form 550 | 0. | | | | |
| HE | irtill Financial Information | Last appearance of the second | 3 | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End o | of Year | | |
| а | Total plan assets | . 7a | | T | | 58,891 | | |
| þ | Total plan liabilities | 7b | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | | | | 58,891 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | 1 | (b) To | | | |
| а | Contributions received or receivable from: | | (M/2)HOUIL | 90000 | (D) I | wi | | |
| | (1) Employers | 8a(1) | 4,415 | 5 | | | | |
| | (2) Participants | 8a(2) | 10,29 | 6 | | Company of the compan | | |
| | (3) Others (including rollovers) | | 40,338 | 231 339 | | MAGNA COCCUITATION (COCCUITATION) | | |
| b | | | 3,842 | | Mariana da de la composición del composición de la composición de la composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composición del composición del composición d | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 50 001 | | |
| d | Benefits paid (including direct rollovers and insurance premiums | 00 | | | 2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3 | 58,891 | | |
| - | to provide benefits) | 8d | | 001000 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | Area parts Sees | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 101-01 | | | | |
| g | Other expenses | | | | en en grapperine | | | |
| | i i i i i i i i i i i i i i i i i i i | 8g | | | 36 varianta (20 20 20 20 20 20 20 20 20 20 20 20 20 2 | 2000 | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | à. | | 0 | | |
| | Mad for a constitution of the constitution of |] | | â | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 0i | | | | 58,891 | | |
| i j | Net income (loss) (subtract line 8h from line 8c) | 8i | | in the second | | 58,891 | | |

| | | ~- | |
|------|------|-----|------|
| Form | 5500 | SE. | 2009 |

| _ | ^ | î l |
|------|----------|-----|
| Page | Z- | l J |

| Pai | t IV Plan Characteristics | | | | | | | | | |
|------------------|--|--|---|------------|-----------|----------|--|--------------------------------|--|--|
| 9a | If the plan provides pension benefits, enter the applicable pension fee | ature codes from th | e List of Plan Char | acteris | tic Co | des in | the instruc | tions: | | |
| b | X $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: | | | | | | | | | |
| Par | V Compliance Questions | | | | | ····· | | | | |
| 10 | During the plan year: | | | 1 | Yes | Ma | T | | | |
| | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia | ns within the time p | eriod described in | 10a | res | No X | : | Amount | | |
| b | Were there any nonexempt transactions with any party-in-interest? (on line 10a.) | Do not include trans | sactions reported | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty? | elity bond, that was | caused by fraud | 10d | | X | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.) | persons by an insu he benefits under th | rance carrier, le plan? (See | 10e | Х | | | 13 | | |
| f | Has the plan failed to provide any benefit when due under the plan? | | | 10f | | Χ | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of | f year end.) | *************************************** | 10g | | Х | | | | |
| h | If this is an individual account plan, was there a blackout period? (Se 2520.101-3.) | e instructions and 2 | 9 CFR | 10h | | Х | Application of the control of the co | | | |
| <u> </u> | If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3. | required notice or or | ne of the | 10i | | | | | | |
| Part | VI Pension Funding Compliance | | | | ········· | • | | | | |
| 11 | ls this a defined benefit plan subject to minimum funding requirement 5500)) | s? (If "Yes," see ins | tructions and com | plete S | ched | ile SB | (Form | Yes X No | | |
| 12 | Is this a defined contribution plan subject to the minimum funding req | | | | | | | Yes X No | | |
| if y | If a waiver of the minimum funding standard for a prior year is being a granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mil Enter the minimum required contribution for this plan year | B (Form 5500), an | Mont d skip to line 13. | h | | Day_ | e date of th | e letter ruling Year | | |
| | Enter the amount contributed by the employer to the plan for this plan | | | | | 12c | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | result (enter a min | us sign to the left o | of a | | 12d | | | | |
| | Will the minimum funding amount reported on line 12d be met by the f | | | | _ | | Yes | No N/A | | |
| Part \ | Plan Terminations and Transfers of Assets | | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted during the plan ye | ear or any prior yea | r? | ••••• | | | | Yes X No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the empl | oyer this year | | ********** | | 13a | , | | | |
| | Were all the plan assets distributed to participants or beneficiaries, tra | | ************** | | | trol | | Yes X No | | |
| | If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.) | this plan to another | plan(s), identify the | e plan(| s) to | | | | | |
| 13 | c(1) Name of plan(s): | | | | 13c(| 2) EIN | l(s) | 13c(3) PN(s) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Cautio | n: A penalty for the late or incomplete filing of this return/report | will be assessed u | ınless reasonable | caus | e is e | stablis | shed. | | | |
| Under SB or S | penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as if is true, correct, and complete | leclare that I have e | xamined this retur | n/repo | rt. inc | udina | if applicab | le, a Schedule nowledge and | | |
| SIGN | Chales L Leve | 10/3/10 | Charles Led | er | | | | | | |
| HERE | | Date, | Enter name of ind | | signi | ng as i | plan admin | istrator | | |
| SIGN | | 10/3/10 | Charles Led | | | - | | | | |
| HERE | Signature of employer/plan sponsor | Date | Enter name of ind | lividua | signi | ng as | employer o | r plan sponsor | | |
| | | | | | | | | | | |