## 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 # P95000045211

MI TIERRA INC

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90100 029 \*\*\*150.00

MI HEHH	IA, INC						
Principal Place	of Business	Mailing Address	_			i <b>Bilāl</b> ik Brit <b>a</b> sikal	<b>        </b>
1628 AIRPORT RD BELLE GLADE FL 33430 BELLE GLADE FL 33430 BELLE GLADE FL					DO NOT WRITE IN THI	IS SPACE	
			- [		3. Date Incorporated or Qualifed	- AOE	
		-		, , ,			ı
<b>8 B</b> • • • • • • • • • • • • • • • • • • •		2a. Mailing Address			06/06/1995 <sup></sup> 4. FEI Number	Ar	plied For
2. Principal Place of Business		<b>⊢</b> , •	¬ ·			Not Applicable	
		Suite Ant # etc	Suite, Apt. #, etc.		65-0583677	\$8.75 Additional	
Suite, Apt. #, etc.		27	า		5. Certifcate of Status Desired	tifcate of Status Desired	
City & State		City & State	City & State		6. Election Campaign Financing - \$5.00 May Be		
23	28				Trust Fund Contribution*	; Added	
Zip	Country Zip		Country	Country 8. This corporation owes the current year		ntangible	
24	25	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Registere	d Agent	
· •	*		81	Name			
HEFFERNAN, RICHARD L			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	E MAIN ST						
	BOX 617		83				
PAHO	OKEE FL		84	City		. 85 Zip	Code
	•			1	oration submits this statement for the purpose		
SIGNATURE	m familiar with, and accept the obligation of registered age	nt and title if applicable. (NOTE: Re	gistered Age	nt signature require	d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS /	AND DIRECT	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS /	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE			LT cuando	7,444,5011
NAME	GONZALEZ, SILVIA	•	1.2 NAME				
STREET ADDRESS	1628 AIRPORT RD		1	TADDRESS			
CITY-\$T-ZiP	DELLE OBJECT CONTROL		1.4 CITY-S	ST-ZIP		Change	Addition
TITLE	D	( ) DELETE	2.1 TITLE			C overige	
NAME	VILLARREAL, JESUS		2.2 NAME				
STREET ADDRESS	1628 AIRPORT RD			TADDRESS			\
CITY-ST-ZIP	DELLE OF IDE 1 L TOTAL		2.4 CITY 3.1 TITLE	ST-ZIP =	* - <del>-</del>	'[] Change	Addition
TITLE	•	C) DETER	3.2 NAME				_
NAME	*			T ADDRESS		,	
STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE	51-219		Change	Addition
TITLE			4. 2 NAME				_
NAME				T ADDRESS			
STREET ADDRESS			4.4 CITY-S				
CITY-ST-ZIP			5.1 TITLE	, , - <u>6.11</u>	*****	Change	Addition
			5.2 NAME		•		
NAME STREET ADDRESS	·			T ADDRESS			
1			5.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				į
1				T ADDRESS		!	ļ
STREET ADDRESS	}		I	1			1

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** 

S./USCONG THE DECEDURED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Daytime Phone #

-CB2E034