

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000098199 (8)**

1. Corporation Name  
**MIMI JONES REALTY, INC.**



Principal Place of Business

Mailing Address

**1748 NE 146 ST  
 N MIAMI FL 33181**

**1748 NE 146 ST  
 N MIAMI FL 33181-1346**

3. Date Incorporated or Qualified: **12/04/1996**  
 3a. Date of Last Report: **New Corp.**

2. Principal Place of Business  
 21 **1935 NE 167 St.**

2a. Mailing Address  
 26 **1935 NE 167 St.**

4. FEI Number: **65-0715292**  
 Applied For:   
 Not Applicable:

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23 City & State: **N. MIA Beach.**

28 City & State: **NORTH MIAMI BEACH.**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24 Zip: **FLA** Country: **33162**

29 Zip: **FLA** Country: **33162**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDEN, RICHARD A  
 11900 BISCAYNE BLVD, SUITE 301  
 N MIAMI FL 33181**

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

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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PSTD**  DELETE  
 NAME: **JONES, MIRLANDE**  
 STREET ADDRESS: **1748 NE 146 ST**  
 CITY-ST-ZIP: **N MIAMI FL 33181**

1.1 TITLE:  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE: **V**  DELETE  
 NAME: **LOUHISON, GUY**  
 STREET ADDRESS: **1748 NE 146 ST**  
 CITY-ST-ZIP: **N MIAMI FL 33181**

2.1 TITLE:  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE:  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE:  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE:  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE:  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE:  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE:  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE:  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE:  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do 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 its 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.

SIGNATURE: \_\_\_\_\_ **11-98-97 (2009117-11070)**

CR2E034 (9/96)