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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V45363** (1)
1. Corporation Name
MIAMI MODAS INC.

Principal Place of Business Mailing Address
1036 SW 1 STREET MIAMI FL 33130 **1036 SW 1 STREET MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/23/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1036 S.W. 1 ST.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **MIAMI, FLORIDA** 28
Zip Country Zip Country
24 **33130** 25 **U.S.** 29 30

4. FEI Number **APPLIED FOR 65-0343272** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for franchise tax under S. 199, U.S.C. Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT/ CANTERA ASSOC. INC.
1036 SW 1 ST
MIAMI FL 33130-1094

10. Name and Address of New Registered Agent
81 Name **FLORIDA ANNUAL REPORT SERVICES, INC**
82 Street Address (P.O. Box Number is Not Acceptable) **1036 S.W. 1 ST.**
83
84 City **MIAMI** FL 85 Zip Code **33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1003, 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]* **AMADA C. LOPEZ, PRES** DATE **4/25/95**
Signature typed or printed name of registered agent (required) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MIRANDA, EDGAR
STREET ADDRESS	3811 SW 99 AVE #4
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100001471971
2.3 STREET ADDRESS	-05/02/95--01157--020
2.4 CITY ST ZIP	****200.00 ****200.00
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>[Signature]</i>
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information included with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 my attachment with an address.

SIGNATURE: *[Signature]* **EDGAR MIRANDA** DATE **4/25/95**
Signature typed or printed name of signifier or director