FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

7	1996	DIVISION OF	CORPORATIONS		
DOCUN	/ENT # J472 0)4 (9)			
MIA PL	_AZA, INC.				
rincipal Place o	of Business	Mailing Address			II 4604 OTOK OTOK OKRA DIBA OTOK UDA
C/O BAROUH. PERERA & ASSOC. 48 EAST FLAGLER STREET. SUITE 368 MIAMI FL 33131 C/O BAROUH. PERERA & 48 EAST FLAGLER STREEN MIAMI FL 33131					
MIMMI FE 33	101	MIAMI I E 00101		 Date incorporated or Qualified 12/15/1986 	3a. Date of Last Report 01/23/1995
. Principal Plac	ce of Business	2a. Mailing Address 26		4. FEI Number 59-2756609	Applied For Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
SCHIII X	rz, steven a.				
	H BISCAYNE BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptab	
SUITE 3			83	(- T - S C	
MIAMI F	EL 33131		84 City	June 3/30	85 Zip <u>C</u> ode
				Mans	FL 33/3/
or registere	id agent, or both, in the State of floo	i2 and 607,1508, Florida Statute iria. Such change was authorize	s, the above-named corpo id by the corporation's bog	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered diffice pintment as registered agent. I am
famil ar with	n, and accept the obligations. So	tion, 170505, Florida Statutes.	P F	an And	2/2/01
GNATURE .	Synatric, types of Transmit / Parity / od agn	it and the state of the state o	E: Registered Agent signature require	Officer (enstating)	0AT 20/96
	OFFICERS AN	ND DIRECTORS	13.	ADDITION CHANGES TO OFF	
F	PD PEUDENO ALEDEDO A	DELETE	1 1 THILE		Change Addition
t	BEHRENS, ALFREDO A.		12 NAME		
ETALORESS !	APARTADO 62 CARACAS, VENEZUELA		13 STREET ADDRESS		
: S1-ZIF. E	D CARACAS, VENEZUELA	□ DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
ic.	BEHRENS, CAROLAS, H.	Пресси	2 2 NAME		□ Aum Bo □ Mobilion
FT ADDRESS	APARTADO 62		2.3 STREET ADDRESS		
S1 - ZiP	CARACAS, VENEZUELA		2 4 CITY-SI-ZIP		
	D	DELETE	3 1 TITLE		Change Addition
<u> </u>	SISO, CARLOS P.		3 2 NAME		
EL ADDRESS	APARTADO 62		3.3 STREET ADDRESS		
- ST - Z(f)	CARACAS, VENEZUELA		3 4 CITY - ST - ZIP		
	DELIDENC ANODEC	☐ DELETE	4. 1 TITLE		Change Addition
	BEHRENS, ANDRES		4.2 NAME		
FLADORESS	205 PALM AVE. MIAMI BEACH FL		4.3 STREET ADORESS		
·S1-7-?	VD	☐ DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Addition
	SCHULTZ, STEVEN A.	Писси	5 2 NAME	SCHULTZ, STEVEN	
M EFT ADDRESS	2 S BISCAYNE BLVD SUITI	E 3400	5 3 STREET ADDRESS	200 S. Biscayne	
(-S'-7)	MIAMI FL 33131		5 4 CITY-ST-ZIP	Miami, FL 33131	
:		DELETE	6 1 TITLE		Change Addition
ЛE			6 2 NAME		
FET ACORESS			6 3 STREET ADDRESS		
TY - 5-17-Z:P			6 4 CITY-ST-ZIP		

14. Ido 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)(k), 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 ooth; 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. Vice Bes.

SIGNATURE:

2/20/96 (305) 377-1572