

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000097399 (6)

1. Corporation Name

MIACO, INC.

Principal Place of Business

8737 SE SHARON STREET
HOBE SOUND FL 33455

Mailing Address

8737 SE SHARON STREET
HOBE SOUND FL 33455



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DOMENICI, CARL
8737 SE SHARON STREET
HOBE SOUND FL 33455

3. Date Incorporated or Qualified

12/27/1995

3a. Date of Last Report

4. FCI Number

65 0632 461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

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

(If Not a Registered Agent for above corporation, then not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PST

☐ DELETE

NAME

DOMENICI, CARL

STREET ADDRESS

P O BOX 1436 N/A

CITY - ST - ZIP

HOBE SOUND FL 33475-1436

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

CARL DOMENICI

4.4.96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitized by: [illegible]

CR2E034 (12/95)