

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

FILED

**May 08 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000027485 (6)
1. Corporation Name
MIRA (MIAMI), INC.



| | |
|---|---|
| Principal Place of Business 2801 PONCE DE LEON BLVD SUITE 470 CORAL GABLES FL 33134 | Mailing Address 2801 PONCE DE LEON BLVD SUITE 470 CORAL GABLES FL 33134 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 128 N.E. 1ST AVENUE Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33132 | 2a. Mailing Address 26 128 N.E. 1ST AVENUE Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33132 |
|--|---|

| | | |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 03/21/1997 | 4. FEI Number 65-0748660 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**ABRIL, JORGE M ESQ
2801 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name ANIL LALWANI |
| 82 Street Address (P.O. Box Number is Not Acceptable) 128 N.E. 1 ST AVENUE |
| 83 |
| 84 City MIAMI FL 85 Zip Code 33132 |

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 *Anil Lalwani* **ANIL LALWANI, PRESIDENT** **APRIL 27 TH '98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | PRESIDENT ANIL LALWANI 128 N.E. 1 ST AVENUE MIAMI FL 33132 |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | SECRETARY/TREASURER KISHIN LALWANI 128 N.E. 1 ST AVENUE MIAMI FL 33132 |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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.

SIGNATURE *Anil Lalwani* **(ANIL LALWANI)** **APRIL 27TH 98** **305 373 5777**

CPRE034 (10/97)