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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 205591

(1)

1. Corporation Name
MISTE, INC.

Principal Place of Business
6740 HOLLYWOOD BLVD #500
HOLLYWOOD FL 33021

Mailing Address
5740 HOLLYWOOD BLVD #500
HOLLYWOOD FL 33021-6363



2. Principal Place of Business
21 6151 Miramar Parkway

2a. Mailing Address
26 6151 Miramar Parkway

Suite, Apt. #, etc.
22 #327

Suite, Apt. #, etc.
27 #327

City & State
23 Miramar FL

City & State
28 Miramar FL

Zip Country
24 33023 25 Broward

Zip Country
29 33023 30 Broward

3. Date Incorporated or Qualified
09/03/1957

3a. Date of Last Report
02/27/1996

4. FEI Number
59-0812849

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 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

ADLER, LEONARD
271 S HOLLYBROOK DR
PEMBROKE PINE, FL
33025

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME GROSS, ILENE S
STREET ADDRESS 12284 SW 29TH TERR
CITY-ST-ZIP MIAMI, FL 00000

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

TITLE D
NAME FEIERSTADT, BERNICE
STREET ADDRESS 1300 ST CHARLES PL
CITY-ST-ZIP PEMBROKE PINES, FL 00000

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

TITLE PD
NAME ADLER, LEONARD
STREET ADDRESS 271 S HOLLYBROOK DR
CITY-ST-ZIP PEMBROKE PINES, FL 00000

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

TITLE V
NAME ADLER, MILLICENT E
STREET ADDRESS 9301 NW 14TH CT.
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE V
4.2 NAME Adler, Millicent E.
4.3 STREET ADDRESS 10871 NW 3rd Ct.
4.4 CITY-ST-ZIP Pembroke Pines FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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:

Signature and typed or printed name of signing officer or director

4/10/97 254 961 5664

CR2E034 (9/96)