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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 30 1998 8:00am Secretary of State

DOCUMENT # 205591 T. Corporation Name MISTE, INC.	(1)				HAN ANN GIAN AND ANN
Principal Place of Business	Mailing Address				ILDIA MIMIT MIMIT SIBIT IMBL
6151 MIRAMAR PKWY	6151 MIRAMAR PKWY				
327 Miramar Fl 33023 Miramar Fl 33023				DO NOT WRITE IN THIS SE	PACE
US	US		3. Date Incorporated or Qualified	ACE	
				09/03/1957	l
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21	26			59-0812849	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 Chr. # State	Critic P. Cristo				Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	28 Zip	Country		8. This corporation owes or has paid the curre	
24 25	29 30	-n -			Yes □ No
9. Name and Address of Current		<u></u>		10. Name and Address of New Registered Ag	
ADLER, LEONARD		81	Name		
271 S HOLLYBROOK DR		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33025			0.0017100		
		83			
		84	City	FL	85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat SIGNATURE				poration submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	changing its registered intment as registered
Signature, typed or printed name of registered egint 12. OFFICERS AND		3egislered Age	oni signature requ	uired when reinstating) DATE	DIDECTODS IN 12
12. OFFICERS AND	DELETE	1.1 TITLE	—-Т	ADDITIONS/CHANGES TO OFFICERS AND I	Change Addition
······	GROSS, ILLENE S			-	
,			ADDRESS		
CITY-ST-ZIP MIAMI, FL 00000) MAN EL ANGO		T-ZIP		
TITLE D	DELETE	2.1 TITLE			Change Addition
NAME FEIERSTADT, BERNICE		2.2 NAME			
		2.3 STREET	ADDRESS		
		2. 4 CITY - S	ST-ZIP		
TITLE PD	DELETE 3.1				Change
NAME ADLER, LEONARD					
		3.3 STREET	ADDRESS		
CITY-ST-ZIP PEMBROKE PINES, FL 00000		3.4. CITY - S	ST-ZIP		
TITLE V	☐ DELETE	4.1 TITLE		L	Change Addition
40074 BBH 0 CT	ADLER, MILLICENT E 4.2 TADDRESS 10871 NW 3 CT 4.33				
OCHODOVE DINCE EL		4.3 STREET	. 1		
Olit-Olite	DELETE	4.4 CITY-S	T-ZIP		Change Addition
TITLE	E DEFERE	5.1 TITLE		_	
NAME - CTRCCS ADDRCCO		5.2 NAME	4000000		
STREET ADDRESS		5.3 STREET	1		
CITY-ST-ZIP	DELETE	5.4 CITY-S 6.1 TITLE	1 - ZR*		Change 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.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

984 961 5664