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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 340825

(9)

MIDWEST R CORPORATION

FILED Mar 27 1997 8:00am Secretary of State



Frincipal Plac	e of Business	Mailing Address						
1026 HARDEE ROAD CORAL GABLES FL 33146 1026 HARDEE ROAD CORAL GABLES FL 33146-3330			146-3330					
					3. Date Incorporated or Qualified 01/29/1969	3a. Date of L 02/09/19	ast Report	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	' T	Applied For	
21		26			34-1035673 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt #, etc.			E. Cortificate of Circus During	☐ \$8.	75 Additional	
22		27			5. Certificate of Status Desired	Щ Е	ee Required	
City & State	е	City & State			6. Election Campaign Financing	\$5	5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation has liability for in	tangible tax un	der s. 199.032,	
24	25	29	30		Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	Istered Agent		
	IUART, JOHN R		81	Name				
1026 HARDEE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
. COR	RAL GABLES FL 33146		oli cel Addi		2. 20. 200 (10 mod to the thoughton)			
			83					
			84	City			7:- 0:-1:	
•			04	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	atutes, the above	e-named corp	poration submits this statement for the pu	rnose of chanc	ging its registered	
office or n	registered agent, or both, in the Sta	te of Florida, Such change w	as authorized by	the corpora	tion's board of directors. I hereby accept	the appointme	nt as registered	
i	717	Donne	7 .	.				
SIGNATURE	Signature, type dior phisted have of region red		NOTE Registered Age	ent signature requi	3/18/97 ired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE			Ch		
NAME	renuart, John R.		1.2 NAME					
STREET ADDRESS	1028 HARDEE RD. 1.3 S		1.3 STREET	ADDRESS				
CITY ST-ZIP	CODAL GARLES EL		1.4 CITY - S	1-7IP			,	
TITLE		☐ DELETE	2.1 TITLE	-		Ch	ange Addition	
NAME	2.2 N		2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS			!	
CHY-S1-Z0F			2. 4 CITY-					
Tillif		DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Ch	ange Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY - ST - ZIP			3.4. CITY-					
Title		DELETE	4.1 TITLE	z. E11		Ch	ange Addition	
NAME			4. 2 NAME			U/II	g. Liuomon	
STREET ADDRESS			4.3 STREET	ADDRESS				
CI2Y-S1-ZIP			4.4 CITY - S					
THE		☐ DELETE	5.1 TITLE	1 711		Ch	ange Addition	
NAME			5.2 NAME			14 - ""		
STREET ADDRESS				*DDBCCC		M	27.	
			5.3 STREET	1		W 41	イイ	
CHY-ST-ZP Title		DELETE	54 CITY-S	1-ZIP			ange Addition	
		L. DELETE	61 TITLE	:	90000212 -03/28/970113	7775	ange L. Addition	
NAME			62 NAME		-03/28/970113	9004		
STREET ADDRESS			63 STREET	1	***165.00	C 001		
CITY-S1-ZiF			64 CITY-S	T-ZIP	***************************************			

14. I do hereby certify that the information supplied with this filling 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

IGNATURE AND THE OFFICER OR DIRECTOR

3/18/97

Daytimo Prione #