FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 4:51
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 393179 (7)

1. Corporation Name
MITENCO CORP.

Principal Place of Business	Mailing Address
ONE SE THIRD AVE 11TH FLOOR MIAMI FL 33131 US	ONE SE THIRD AVE 11TH FLOOR MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified: 12/27/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1378600 — Applied For / Not Applicable

2. Principal Place of Business: 21 — Suite, Apt. #, etc.: 22 — City & State: 23 — Zip: 24 — Country: 25
2a. Mailing Address: 26 — Suite, Apt. #, etc.: 27 — City & State: 28 — Zip: 29 — Country: 30

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: [X] Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRIEDLANDER, BRUCE D ONE SE THIRD AVE SUITE 1101 MIAMI FL 33131	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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PAPPAS,T J
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR
CITY-ST-ZIP	MIAMI FL
TITLE	VDT
NAME	SHAW, R M
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	V
NAME	PAPPAS, TIMOTHY
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	SHAW, R M
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Ray M Shaw 4/26/95 305-371-3592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131608 CP