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Jan 23 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 # 449758

(2)

1. Corporation Name
EDUARDO C. MIRANDA, INC.



Principal Place of Business

Mailing Address

2020 NW 96 AVE
MIAMI FL 33172

2020 NW 96 AVE
MIAMI FL 33172-2319

3. Date Incorporated or Qualified

04/03/1974

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc.

26 State, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRANDA, EDUARDO C
4814 SAN AMARO DRIVE
CORAL GABLES FL 33148

81 Name

MIRANDA, EDUARDO C.

82 Street Address (P.O. Box Number is Not Acceptable)

2020 N.W. 96th Avenue

83

84 City Miami

FL

85 Zip Code 33172

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 of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1/17/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIRANDA, EDUARDO C.	
STREET ADDRESS	4814 SAN AMARO DR	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MIRANDA, CARIDAD R	
STREET ADDRESS	4814 SAN AMARO DR.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MIRANDA, CARIDAD R	
STREET ADDRESS	4814 SAN AMARO DR.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIRANDA, EDUARDO C.	
2.3 STREET ADDRESS	2020 N.W. 96th Avenue	
2.4 CITY - ST - ZIP	Miami, FL 33172	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 supplementary 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 checked, or on an attachment with an address.

SIGNATURE: *[Signature]* EDUARDO C. MIRANDA

1/17/97 305-592-7824

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)