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

PROFIT



FLORIDA DEPARTMENT OF STATE

## **FILED** Feb 10 1007 8:00am

	RPORATION UAL REPORT 1997	Sendra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Secretary of State					
	MENT # 457382  MIR CONSTRUCTION COR		O) ATION									
Principal Place of Business 13940 S.W. 136th St 13940 S.W. Suite 100 Miami, FL 33186-5543  Mailing Address 13940 S.W. Suite 100 Miami, FL 31186-5543						St 5543						
	,		,	•			,	Date Incorporated or Qualified 08/16/1974	,	ate of Last F /01/199		]
2. Principa l	ace of Business	2a	. Mailing Address		_		4. F	El Number		<del></del>	oplied For	1
Suite, Apt	# 010	26	Suite, Apt #, etc.					59-1551900			ot Applicable Additional	4
22		27					5. (	Certificate of Status Desired .	<b>x</b> 3₹		equired	1
City & Sta	te	-	City & State					lection Campaign Financing			May Be	7
<b>23</b>	Country	28	Z <sub>1</sub> p	Cor	untry			rust Fund Contribution This corporation has liability for	r intangible		to Fees	4
25			29 30			٦ .		lorida Statutes	X Yes [	] No	. 150,002,	
	9. Name and Address of Currer	t Regis	stered Agent		81	Name	10. 1	Name and Address of New F	Registered	Agent		]
87	nitez, Victor 00 S.W. 124th Stree ami, FL 33186	t			82 83	Street Ad	dress (P.C	D. Box Number is Not Accept	able)			- - -
					84	City			FI	<b>85</b> Zip	Code	1
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligi	of Flori	ida. Such change was a	uthorize	d by	the corpor	prporation ration's bo	submits this statement for the ard of directors. I hereby acc	purpose of ept the app	changing it ointment as	s registered registered	1
SIGNATURE							7 7-					
12.	Signature typical or printed name of registered age OFFICERS AN			Heg stere	d Age	nt signature req		ODITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12	de l
HILE	PD		DELETE	111	11 TITLE					Change	Addition	18
NAME	BENITEZ, VICOTR M.			1	1.2 NAME							CR2E034 (9/96)
STREET ADDRESS	8700 S.W. 124th ST					ADDRESS						ligi M
CHY S1-2iP	MIAMI, FL 33176				1.4 CITY - ST - ZIP 2.1 TITLE			<del></del>		Change	Addition	નુદ્ધ
NAMI	BENITEZ, MIRIAM	<del></del>	22 N									
STREET ADDRESS	8700 S.W. 124th ST	•		23\$	TREET	ADDRESS						
CHY-SI-ZIF	MIAMI, FL 33176		- Delete		HY-Ş	T_2IP		. <del>-</del>			·- <del></del>	4
TITLE			☐ DELETE	31 Ti 32 N		]				Criange	Addition	
NAME STREET ACIDRESS						ADDRESS						Į
CHY SEZIE				1	HY-S	l l						
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NAME				4. 2 N	AMI							
STREET ADDRESS				- 1		ADDRESS						]
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NAME			L OLCCIE	5 2 N							الاسانان ال	1
STREET ADDRESS				•		AODRESS				<b>/</b> (′)	2/1/	·[
CITY ST ZIP				540	1Y-S1	ZIP					0	]
1011			☐ DELETE	6 1 Ti				90000209 -02/19/97010 ***173.75	319	Change 5	Addition	
NAMI CLOUT A ROOM CO.				62 N		ADADODO		-02/19/97010	)51- <del>-</del> 0:	36		}
STREET ADDRESS   CRY_S1_ZIII		_		- N	IRLET /	ADDRESS - 7/P		***173.75				1
	4 — <u>— — — — — — — — — — — — — — — — —</u>	$\sim$										

14. I do beneby cert fy that the information supplied with this filling does not quality of the exemption stated in Section 119.07(3)(i), Forida Statutes. I further certify that the information indicated on this annual report of 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 eceiver 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 in changed or of an attachment with an address.

SIGNATURE:

NEED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97 235-5098