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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
SANDRA B. MONTGOMERY
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 612527 (2)

1. Corporation Name

MIRTA'S INTERNATIONAL TALENT, INC.

Principal Place of Business

**12011 NW 22ND STREET
PEMBROKE LAKES FL 33026**

Mailing Address

**12011 NW 22ND STREET
PEMBROKE LAKES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1979

3a. Date of Last Report

07/05/1994

4. FET Number

59-1997707

Applied For

Not Applicable

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. ☐ Yes ☐ No**

2. Principal Place of Business

21

State, Apt. #, etc.

2a. Mailing Address

26

State, Apt. #, etc.

22

City & State

27

City & State

23

City & State

28

City & State

24

City & State

Country

29

City & State

Country

9. Name and Address of Current Registered Agent

**REVIS, MIRTA C.
12011 NW 22ND ST
PEMBROKE LAKES FL 33026**

10. Name and Address of New Registered Agent

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 607.1902 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 hereby waiving and except the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

N/A

12. OFFICERS AND DIRECTORS

OFF

NAME

STREET ADDRESS

CITY, ST, ZIP

**DP
REVIS, MIRTA C.
12011 NW 22ND ST
PEMBROKE LAKES FL**

OFF

NAME

STREET ADDRESS

CITY, ST, ZIP

**DS
REVIS, DAN
12011 NW 22ND ST
PEMBROKE LAKES FL**

OFF

NAME

STREET ADDRESS

CITY, ST, ZIP

OFF

NAME

STREET ADDRESS

CITY, ST, ZIP

OFF

NAME

STREET ADDRESS

CITY, ST, ZIP

OFF

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. OFF

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. OFF

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. OFF

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. OFF

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. OFF

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. OFF

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.0910(c)(4)(B), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager or trustee empowered to prepare this report as required by Chapter 1907, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Dan Revis
DAN REVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 95

431-4113
Telephone Number