

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 26 AM 9:38

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1/97

1. Name of Limited Partnership

1a. DOCUMENT #
A13954

MIVIA, LTD.

Mailing Address

P.O. BOX 520682
MIAMI FL 33152-0682

Principal Office Address

~~1361 N.W. 4 STREET~~
~~BLDG-B~~
~~MIAMI FL 33125~~

3. Date Formed or Registered

01/25/1983

5a. Capital Contributions as
Shown on record

\$125,000.00

3a. Date of Last Report

12/12/1995

5b. Amount of Capital
Contributions in FL OHIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

5870 SW 8TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 7

6. FEI Number

59-2284843

☐ Applied For
☒ Not Applicable

City & State

City & State

MIAMI, FL

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

Zip Country Zip Country

33144

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LICKSTEIN, FRED
201 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES FL

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MIVIA CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

5870 SW 8TH ST. SUITE # 7

11b. City, State & Zip Code

MIAMI FL

11c. Registration/
Document Number

F51814

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-01/03/97--01150--024
*****576.25 ***576.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **MIVIA CORP. BY:**

DATE **11/21/96**

MIVIA CORP. BY: JORGE L. BOLANOS

(305) (261- 2600)

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number