

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 MAR 21 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F11104 (9)

1. Corporation Name
VICTOR R. MIRANDA & ASSOCIATES, INC.

Principal Place of Business Mailing Address
**ONE E. BROWARD BLVD.
1113
FT. LAUDERDALE FL 33301
US** **ONE E. BROWARD BLVD.
1113
FT. LAUDERDALE FL 33301
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/10/1980		04/20/1994	
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2045774		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIRANDA, VICTOR R. 1 E BROWARD BLVD STE 1113 FT LAUDERDALE FL 33301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, VICTOR R.	1.2 NAME	
STREET ADDRESS	1 E BROWARD BLVD STE1113	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, SALLY	2.2 NAME	
STREET ADDRESS	1 E BROWARD BLVD STE1113	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: Victor R. Miranda 3/17/95 305 7797330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)