FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # G05983 (3)

1. Corporate Name
MIPAZARE CORP.

Principal Place of Business	Mailing Address
707 E. 9TH STREET HIALEAH FL 33010	707 E. 9TH STREET HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/26/1982	05/01/1994

4. FEI Number: 59-2232408 [ ] 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 Street Address, 22 Suite, 23 City & State, 24 Zip, 25 Country) — 2a. Mailing Address (26, 27, 28, 29 Zip, 30 Country)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CANET, MIGUEL 450 E 9 AVE HIALEAH FL 33144	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 607.0502 and 617.0502, 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, sections 607.0505 and 617.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	[ ] Change [ ] Addition
NAME	CANET, MIGUEL	
STREET ADDRESS	450 E. 9TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	[ ] Change [ ] Addition
NAME	CANET, ZAIDA	
STREET ADDRESS	450 E. 9TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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 119.07(3)(i), 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: [signature] 4-26-95 227-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0078902 CP