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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G32468** (2)  
1. Corporation Name  
**LE MIRAGE CORP.**



Principal Place of Business  
**8150 SW 8TH STREET, #117  
MIAMI FL 33144-4264**

Mailing Address  
**8150 SW 8TH STREET, #117  
MIAMI FL 33144-4264**

3. Date Incorporated or Qualified  
**04/20/1983**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-2491708**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent  
**GARCOA-HOLDER, ALINA  
8440 GRAND CANAL DR.  
MIAMI FL 33075**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

**FL**

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

| TITLE | NAME                 | STREET ADDRESS         | CITY - ST - ZIP      | DELETE                   |
|-------|----------------------|------------------------|----------------------|--------------------------|
| P     | REINA, JOSE S        | 2825 COLLINS AVE. #805 | MIAMI BEACH FL 33140 | <input type="checkbox"/> |
| V     | MARTINEZ, PABLO      | 2825 COLLINS AVE. #805 | MIAMI BEACH FL 33148 | <input type="checkbox"/> |
| S     | GARCIA-HOLDER, ALINA | 8440 GRAND CANAL DR.   | MIAMI FL 33075       | <input type="checkbox"/> |
|       |                      |                        |                      | <input type="checkbox"/> |
|       |                      |                        |                      | <input type="checkbox"/> |
|       |                      |                        |                      | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-97

Date

262-0888

Daytime Phone #

0200050

CR2E034 (9/96)