FILE NOW: FILE FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

TO SERVICE STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J07647
1. Corporation Name
MINERVA OF MIAMI, INC.

(7)

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May 01 19	997 8:00am
Secretar	y of State

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Principal Place of Business 1420 8. SATURDE DR. Brick. APT. 703 MIAMI FL 33131 US	Mailing Address 1420 S. BAYSHORE DI APT. 703 MIAMI FL 33131-3627 US	3. Date Incorporated or Qualified 03/31/1986 3a. Date of Last Report 05/01/1996					
2. Principal Place of Business	2a. Mailing Address			4. FE) Number	1 00/01/198		
21	26			59-2663715		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		75 Additional se Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees	
Zip Country 24 25	29	Gaunti 30	ry 		Yes No	der s. 199.032,	
TIMOS AIDA	ss of Current Registered Agent	8	1 Nuna	10. Name and Address of New Re	gistered Agent		
TINOCO, AIDA	ORIVE Brickell Ba	1. CD~.[1 Name				
APT 703	- DINVL	Ľ		ss (P.O. Box Number is Not Acceptab	ile)		
" MIAMI FL 33131		8:	3				
·		8	4 City		E1 85	Zip Code	
11. Pursuant to the provisions of Socti	ons 607.0502 and 607.1508, Florida St., in the State of Florida Such change w	atutes the abo	ve-named corno	ration submits this statement for the c	Durpose of chance	ing its registered	
12. OF	of registered agent and left it applicable (FICERS AND DIRECTORS DELETE	(NOTE Registered A 13.	gent signature required	d when reliastic right ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC		
NAME STREET ADDRESS CITY-ST-7IP TINOCO, AIDA 1420 S. BAYSHSBE MIAMI FL 33131	P. DR. APT 703	1.2 NAME	ET ADORESS				
TITLE MINIMI PL 33131	Briellell Bay	1.4 CITY - 2.1 TITLE	*****		Cha	ange Add tion	
NAME		2.2 NAM	1 '		L 9110	J 4110 1101	
STREET ADDRESS		2.3 \$1RE	ei Audress				
CITY-ST-ZIP		2 4 CITY	- SI - 71P				
FITLE	Dittil	3.1 TIFLE			Cha	ange Addition	
NAME PARTE ADDRESS		3.2 NAMI					
STREET ADDRESS			ET ADORESS				
CITY-ST-ZIP TITLE	DLLETE	3 4. CRY 4.1 TITLE			Cha	ange Addition	
NAME	C Atti	4 2 NAM				-iAo F1 Vocingii	
STREET ADDRESS		1	ET ADDRESS				
CITY-ST-ZIP		4.4 CITY					
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NAME		5.2 NAME					
STREET ADDRESS		5.3 STRE	ET ADDRESS		1	(\sim)	
CITY-ST-ZIP		5.4 GHY	- ST - ZII ²			ひめ	
TITLE	DETETE	6.1 TITLE		*****	Cha	enge 🔲 Addition	
NAME		5.2 NAME		20000216 -05/05/97010 ***165.00	14_001		
STREET ADDRESS		6.3 STRE	ET ADDRESS	უსაგისაგულებებების აგაგელი იი	14001		
CITY-ST-ZIP		6.4 C(1)	- S1 - ZIP	****100.UU			
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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.