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

PROFIT CORPORATION ANNUAL REPORT 1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K21882

(1)

MICHAEL INVESTMENTS, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				FOIL GIBLE DIBLE FOOL
905 SOUTH BAYSHORE DRIVE. #1827		905 SOUTH BAYSHORE DRIVE. #1827		7		
MIAM! FL 33131-2928		MIAMI FL 33131-2928	MIAMI FL 33131-2928		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/26/1988	
2. Principal Pia	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0102048	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				3.75 Additional
22		27				Fee Required
City & State		City & State	 		6. Election Campaign Financing \$5.00 May Be	
Zip Country		28	ZIP Country			Added to Fees
Zip	} '	⊢¬ '	30	у	8. This corporation owes or has paid the current y Personal Property Tax due June 30.	
24	25 9. Name and Address of Curr	29 ent Registered Agent	[30]		10. Name and Address of New Registered Agent	
DOL	MINGUEZ, RAFAEL O.		61	Name		
	SOUTH BAYSHORE DRIVE, 4	¥1007	On Change A		ddress (P.O. Box Number is Not Acceptable)	
	Mi FL 33131	F 1027	82 Street Ad		aress (P.O. Box Number is Not Acceptable)	
MICS	MI 1 L 33131		83			
			_			7-0-1-
			84	City	FL ⁸⁵	Zip Code
11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the abov	e-named co	rporation submits this statement for the purpose of chan	iging its registered
office or re	e giste red agent, or both, in the Sta n familiar with, and accept the obl	ite of Florida. Such change was ligations of, Section 607,0505. F	authorized b lorida Statute	y the corpora	ation's board of directors. I hereby accept the appointm	ent as registereo
SIGNATURE						
Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent sign						
12,		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	PD	DELETE	1.1 TITLE		· •	hange L Addition
NAME	DOMINGUEZ, MARIA JESUS		1.2 NAME			
STREET ADDRESS	905 S BAYSHORE DRIVE #	182/		T ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-	ST-ZIP		hange Addition
TITLE			2.1 TITLE 2.2 NAME	ļ		nango
NAME				T ADDRESS		
STREET ADDRESS				- 1		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY- 3.1 TITLE	31-71L	<u> □ c</u>	hange Addition
NAME			3.2 NAME		—	·
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			3.4 CITY-			
TITLE		☐ DELETE	4.1 TITLE		□ c	hange Addition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		c	hange Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	S1 - ZIP		
TITLE		DELETE	6.1 TITLE		□ c	hange Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
14 hereby c	artify that the information supplied	with this filing does not qualify	for the exemi	ntion stated i	in Section 119.07(3)(i), Florida Statutes. I further certify the	hat the information

4. I 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 eath; that I am an officer or director of the corporation or the receiver of the executer 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 all point with an address.

CICHATURE.

ADR/17/98

(105) 371-2750