

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K29203 (2)**
1. Corporation Name
MI-DEAR CORP.



Principal Place of Business: **1108 KANE CONCOURSE SUITE 307 BAY HARBOR ISLANDS FL 33154**
Mailing Address: **1108 KANE CONCOURSE SUITE 307 BAY HARBOR ISLANDS FL 33154**

3. Date Incorporated For or Affected 07/21/1988	3a. Date of Last Report 04/14/1995
4. FET Number 65-0073474	Applied For Not Applicable
5. Certificate of Status Declared <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 type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. g. Name and Address of Current Registered Agent	30. Country

**WEITHORN, JEFFREY
1221 BRICKELL AVE
MIAMI FL 33131**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL 85

11. Pursuant to the provisions of Sections 607.011 and 607.012, 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. The duly appointed the appointment as registered agent, a firm familiar with and accept the obligations of Section 607.011, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
NAME: DV MICHELSON, ROGER	
STREET ADDRESS: 1108 KANE CONCOURSE #307	
CITY-STATE-ZIP: BAY HBR ISLANDS FL	
TITLE: DPT	<input type="checkbox"/> DELETE
NAME: MICHELSON, EDWARD	
STREET ADDRESS: 1108 KANE CONCOURSE #307	
CITY-STATE-ZIP: BAY HBR ISLANDS FL	
TITLE: DS	<input type="checkbox"/> DELETE
NAME: MICHELSON, BRUCE	
STREET ADDRESS: 1108 KANE CONCOURSE 307	
CITY-STATE-ZIP: BAY HARBOR ISLANDS FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME:	
1. STREET ADDRESS:	
1. CITY-STATE-ZIP:	
1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
2. STREET ADDRESS:	
2. CITY-STATE-ZIP:	
2. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME:	
3. STREET ADDRESS:	
3. CITY-STATE-ZIP:	
3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME:	
4. STREET ADDRESS:	
4. CITY-STATE-ZIP:	
4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 trustee or trustee-organized trust; and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Bruce Michelson* **BRUCE MICHELSON** 4/2/96 305-868-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)