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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K30405** **(0)**

1. Corporation Name

MINTI, INC.

Principal Place of Business	Mailing Address
~~2 SOUTH BISCAYNE BLVD #3100~~ ~~MIAMI FL 33131~~	~~1401 BRICKELL AVE~~ ~~850~~ ~~MIAMI FL 33131~~ US

3. Date Incorporated or Qualified: **08/05/1988**

3a. Date of Last Report: **01/20/1995**

4. FEI Number: **65-0083987** ☐ 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 1201 PLACETAS AVE.	26 C/O A. GAVIRIA
22 Suite, Apt. #, etc.	27 1201 PLACETAS AV.
23 City & State: Coral Gables, Fl.	28 Coral Gables, Fl.
24 Zip: 33146 25 Country: USA.	29 Zip: 33146 30 Country: USA.

9. Name and Address of Current Registered Agent

KAPLAN, ERIC J.
2 SOUTH BISCAYNE BLVD STE 3100
MIAMI FL 33131

10. Name and Address of New Registered Agent

31 Name: ANDRES GAVIRIA
32 Street Address (P.O. Box Number is Not Acceptable): 1201 PLACETAS AV.
33
34 City: CORAL GABLES. 35 FL 36 Zip Code: 33146

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: ANDRES GAVIRIA 3.11.96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST GAVIRIA, ANDRES 1401 BRICKELL DR #850 MIAMI FL	☐ DELETE	DPST GAVIRIA, ANDRES 1201 PLACETAS AV CORAL GABLES, FL 33146	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ASS~~ ~~KAPLAN, ERIC S.~~ ~~2 SOUTH BISCAYNE BLVD #3100~~ ~~MIAMI FL~~	☑ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition

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3/18/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ANDRES GAVIRIA 3.11.96 (305)665-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)