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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K50015

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MIFER CORPORATION

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AM MINUTE ECODED DALICOA

Principal Place of Business

AND THURSE EEDBED DUTED.

## **FILED** Apr 25 1997 8:00am Secretary of State



4360 N.W. 3RD MIAMI FL 3312		4380	N.W. 3RD ST II FL 33126-5425	mbi io		3. Date Incorporated or Qualified	3a. Date	of Last R	oport	
						12/08/1988		/1996		
2. Principal F	Place of Business	2a. I	Mailing Address			4. FEI Number			plied For	
21		26		,					ot Applicable	
Sulte, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired		
City & Stat	te	28	City & State			Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip 24	Country 25		<b>7</b> ip	Countr 30	у	This corporation has liability for in Florida Statutes	nangible te		. 199.032,	
		ss of Current Registe	red Agent	1991		10. Name and Address of New Re	gistered A	jent		
FER	RER-ROMERO, MIGUI	EL		81	Name					
	O N.W. 3RD ST			82	Street Add	iress (P.O. Box Number is Not Acceptab	le)			
MIA	MI FL 33126			83						
7,7 <b>6</b> 3 d				84	l City		<b>85</b> Zip (	Zip Code		
11. Pursuant office or	to the provisions of Soct registered agent, or both am familiar with, and acc	ions 607 0502 and 60	7.1508, Florida Statu Such change was	ites, the above authorized b	ve named cor by the corpore	poration submits this statement for the pation's board of directors. I hereby accep	urpose of control	L I hanging it rilment as	s registered registered	
SIGNATURE	Signature typed or printed name					uired where roinstating)	DATE			
12,		FFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 12	
TITLE	0		☐ DELETE	1171111	·· ·· · · · · · · · · · · · · · ·			Change	Addition	
NAME	FERRER-ROMERO,	MIGUEL		1.2 NAME						
STREET ADDRESS	4380 N.W. 3RD ST			1.3 STREE	I ADDRESS					
CITY-ST-ZIP	MIAMI FL			14 CITY-	S1 - ZIP					
TITLE			☐ DELETE	21 TITLE			l	Change	■ Addition	
NAME				2.2 NAME						
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:NAME										
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NAME OVEREN A DODESO										
STREET ADDRESS				1	T ADORESS					
CITY-ST-ZIP	<u> </u>			6.4 CITY		ed in Contine 110 07/3/6). Florido Statuto	a 16. etb.a.	aartifii 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.