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

**PROFIT CORPORATION** ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-10-1999 90055 032 \*\*\*150.00

DOCUMENT # K61863  1. Corporation Name  MALMIRRER CORPORATION						
Principal Plac	e of Business	Mailing Address				( 1981/811) BIR BIREN HERB HERB WAY AT BIR BIREN AVEN AND SIEW AVEN AND
% RICHARD M. MALCY 8301 S.W. 143 AVE MIAMI FL 33183		% RICHARD M. MALCY 8301 S.W. 143 AVE MIAMI FL 33183			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
						01/30/1989
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0087198   Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & Ctat		City & State	City & State			
City & Stat	e	<b>⊢</b> •	¬ ·			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
<b>23</b> ∖ Zip	Country Zip		Cou	Country		8. This corporation owes the current year Intangible
24	25	29	30	,		Personal Property Tax.  Yes No
5-7)	9. Name and Address of Cur	<del></del>		Γ		10. Name and Address of New Registered Agent
				81	Name	
MALCY, RICHARD M.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
	S.W. 143 AVE			-	Caccarria	
MIAMI FL 33183				83		
				84	City	■■ 85 Zip Code
					′	orporation submits this statement for the purpose of changing its registered
agent. I a SIGNATURE	m familiar with, and accept the obl	igations of, Section 607.0505, Fagent and title if applicable (NC	TE: Registered	utes		ation's board of directors. I hereby accept the appointment as registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	DPT DICHARD M	☐ DELETE	1.1 TT			Change
NAME	MALCY, RICHARD M.		1.2 N/			
STREET ADDRESS	l .				TADORESS	
CITY-ST-ZIP	MIAMI FL DV	☐ DELETE	1.4 CF 2.1 TF		T-ZIP	☐ Change ☐ Addition
TITLE	MALCY, SUSAN H.	_				
NAME STREET ASSESSE	0004 0 107 440 415				T ADDRESS	
STREET ADDRESS	MIAMI FL		ł		ST-ZIP	
CITY-ST-ZIP	Intram 1 C	☐ DELETE	3.1 TI		51-21	☐ Change ☐ Addition
NAME			3.2 N/	AME.		
STREET ADDRESS			3.3 S1	TREE?	T ADDRESS	
CITY-ST-ZIP			34. C	ITY-S	ST-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 \$1	TREE1	TADDRESS	
CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TT			☐ Change ☐ Addition
NAME			5.2 N/			
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP		□ BELETE	5.4 Ci 6.1 Ti		1-ZIP	☐ Change ☐ Addition
TITLE		☐ DÉLETE	6.2 N/			Change Addition
NAME					TADORESS	
STREET ADDRESS					T-ZIP	
CITY-ST-ZIP	1		5.1 O		1	

14. 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 suppliemental 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 comporation or the receiver of the r

SIGNATURE: