

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN - 1 AM 11:11

DOCUMENT # **K74058** (4)

1. Corporation Name

M.I.C. OF MIAMI, INC.

Principal Place of Business

P.O. BOX 65-1142
MIAMI FL 33165-1142

Mailing Address

P.O. BOX 65-1142
MIAMI FL 33165-1142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0122271

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

21 **8249 NW 36 St**

Suite, Apt #, etc.

22 **# 115**

City & State

23 **Miami FL**

Zip

24 **33166**

Country

25 **USA**

2a. Mailing Address

26 **same**

Suite, Apt #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ROSELL, JESUS JR.
6014 SW 146 CT.
KENDALL FL 33183**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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:

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**VS
ROSELL, JESUS JR.
6014 SW 146 CT.
KENDALL FL 33183**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**TD
ROSELL, JESUS SR.
6014 SW 146 CT.
MIAMI FL 33183**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PD
ROSELL, OFELIA M.
6014 SW 146 CT.
KENDALL FL 33183**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or employment 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 holder of a power or trust or am 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 this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Please)