

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K98202 (0)

1. Corporation Name
MINCO, INC.



Principal Place of Business

1920 S. OCEAN DR.
STE 3A
HALLANDALE FL 33009

Mailing Address

1920 S. OCEAN DR.
STE 3A
HALLANDALE FL 33009

3. Date Incorporated or Qualified 06/22/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0136538	Applied For Not Applicable
5. Certificate of Status Desired <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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLUECKMANN F.
1920 S. OCEAN DR.
SUITE 3A
HALLANDALE FL 33009

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, must be of registered agent or of officer or director.

(Print Name of Agent separately on separate sheet when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GLUECKMANN, FERDINAND	
STREET ADDRESS	1920 SOUTH OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

[Signature]
F. GLUECKMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
Date

305-454-8326
Daytime Phone

CR2E034 (12/95)