


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

FILED

Apr 14 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L33091 (4)</b>					
1. Corporation Name <b>MIRAVALLE INC.</b>					
Principal Place of Business <b>% JOSE HERNANDEZ 10698 SW 24TH ST MIAMI FL 33165</b>			Mailing Address <b>% JOSE HERNANDEZ 10698 SW 24TH ST MIAMI FL 33165</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/01/1989</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number <b>65-0157691</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HERNANDEZ, JOSE 10698 SW 24TH ST MIAMI FL 33165</b>				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 _____ (NAME Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>HERNANDEZ, JOSE</b>			11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>10698 SW 24TH ST</b>			12 NAME	
CITY-ST-ZIP	<b>MIAMI FL</b>			13 STREET ADDRESS	
TITLE	DST	<input type="checkbox"/> DELETE		14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, RUTH</b>			21 TITLE	
STREET ADDRESS	<b>10698 SW 24TH ST</b>			22 NAME	
CITY-ST-ZIP	<b>MIAMI FL</b>			23 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				32 NAME	
CITY-ST-ZIP				33 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				41 TITLE	
STREET ADDRESS				42 NAME	
CITY-ST-ZIP				43 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				52 NAME	
CITY-ST-ZIP				53 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				61 TITLE	
STREET ADDRESS				62 NAME	
CITY-ST-ZIP				63 STREET ADDRESS	
				64 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

SIGNATURE:

*Jose Hernandez*

04-07-98 (305) 559-2417

CR2E034 (10/97)