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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L54812

1. Corporation Name

### MICHELLE INDUSTRIES INCORPORATED

| Principal Place of Business             | Mailing Address                           |
|---|---|
| 231 NW 29 ST.<br>T. LAUDERDALE FL 33311 | 2231 NW 29 ST.<br>FT. LAUDERDALE FL 33311 |
|   |   |

# FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90142 012 \*\*\*150.00



| 2231 NW 29 ST<br>FT. LAUDERDAL |   | 2231 NW 29 ST.<br>FT. LAUDERDALE FL 33311 |               | DO NOT WRITE IN THIS SPACE |   |               |               |  |
|--------------------------------|---|---|---------------|----------------------------|---|---------------|---------------|--|
|                                |   |   |               |                            | 3. Date Incorporated or Qualifed 03/05/1990   |               |               |  |
| 2. Principal Pl                | lace of Business  | 2a. Mailing Address                       |               |                            | 4. FEI Number   | Aj            | oplied For    |  |
| 21                             |   | 26  |               |                            | 65-0180105  | No            | ot Applicable |  |
| Suite, Apt.                    | #, etc.   | Suite, Apt. #, etc.                       |               |                            | 5. Certificate of Status Desired  |               | Additional    |  |
| 22                             | * * * * * *   | 27  | -             |                            | 5. Certificate of Status Desired  | - Fee Ro      | equired -     |  |
| City & State                   | e   | City & State                              |               |                            | 6. Election Campaign Financing  | \$5.00        | May Be        |  |
| 23                             |   | 28  |               |                            | Trust Fund Contribution   | Added         | to Fees       |  |
| Zip                            | Country   | Zip                                       | Country       |                            | 8. This corporation owes the current year In  | tangible      |               |  |
| 24                             | 25  | 29 30                                     | D             |                            | Personal Property Tax.  | Yes           | □No           |  |
|                                | 9. Name and Address of Current  | Registered Agent                          |               |                            | 10. Name and Address of New Registered  | Agent         |               |  |
|                                |   |   | 81            | Name                       |   |               |               |  |
| ram                            | irez, manuel a.   |   | 82            | Stroot Add                 | ross (B.O. Box Number is Not Acceptable)  |               |               |  |
| 2231 NW 29 ST.                 |   |   | 02            | Street Addi                | reet Address (P.O. Box Number is Not Acceptable)  |               |               |  |
| FT. L                          | AUDERDALE FL 33311  |   | 83            |                            |   |               |               |  |
|                                |   | a.  | 84            | City                       | FL  | 85 Zip        | Code          |  |
|                                |   |   |               | <u> </u>                   |   | - L           | registered    |  |
| office or re                   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligati | if Florida. Such change was auth          | iorizea by    | the corporati              | poration submits this statement for the purpose of<br>on's board of directors. I hereby accept the appo | intment as re | gistered      |  |
| SIGNATURE                      |   |   |               |                            | pd when reinstation) DATE   |               |               |  |
|                                | Signature, typed or printed name of registered agent  |   | egistered Age | nt signature require       | ADDITIONS/CHANGES TO OFFICERS A   | NO DIRECTO    | ORS IN 12     |  |
| 12.                            | OFFICERS ANI  | DELETE                                    | 1.1 TITLE     |                            | ADDITIONS/CHANGES TO OTT TOLING A   | Change        | Addition      |  |
| TITLE                          | 7.  |   | 1             |                            |   |               | _             |  |
| NAME                           | RAMIREZ, MANUEL A.  |   | 1.2 NAME      |                            |   |               |               |  |
| STREET ADDRESS                 | 2213 NW 29 ST.  |   |               | TADDRESS                   |   |               | ļ             |  |
| CITY-ST-ZIP                    | FT. LAUDERDALE FL   | [The page                                 | 1.4 CITY-S    | T-ZIP                      |   | ☐ Change      | Addition      |  |
| TITLE                          | VD  | ☐ DELETE                                  | 2.1 TITLE     |                            |   | Change        | L Addition    |  |
| NAME                           | RAMIREZ, GIRALDO  |   | 2.2 NAME      |                            |   |               | ļ             |  |
| STREET ADDRESS                 | 2213 NW 29TH ST.  |   | 2.3 STREE     | T ADDRESS                  |   |               | [             |  |
| CITY-ST-ZIP                    | FT. LAUDERDALE FL-33311   |   | 2. 4 CITY-5   | ST-ZIP ~                   | <u> </u>  |               |               |  |
| TITLE                          |   | ☐ DELETE                                  | 3.1 TTTLE     |                            |   | ☐ Change      | ☐ Addition    |  |
| NAME                           |   |   | 3.2 NAME      |                            |   |               |               |  |
| STREET ADDRESS                 | ,   | ,   | 3.3 STREE     | T ADDRESS                  |   |               |               |  |
| CITY-ST-ZIP                    |   |   | 3.4, CITY-5   | ST-ZIP                     |   | <u>.</u>      |               |  |
| TITLE                          |   | ☐ DELETE                                  | 4.1 TITLE     |                            |   | Change        | ☐ Addition    |  |
| NAME                           |   |   | 4, 2 NAME     |                            | ,   |               |               |  |
| STREET ADDRESS                 |   |   | 4.3 STREE     | T ADDRESS                  |   |               | }             |  |
| CITY-ST-ZIP                    |   |   | 4.4 CITY-S    | T-ZIP                      |   |               |               |  |
| TITLE                          |   | ☐ DELETE                                  | 5.1 TITLE     |                            |   | ☐ Change      | ☐ Addition    |  |
| NAME                           |   |   | 5.2 NAME      | 1                          |   |               | }             |  |
| STREET ADDRESS                 |   |   | 5.3 STREE     | T ADDRESS                  | _   |               |               |  |
| CITY-ST-ZIP                    |   |   | 5.4 CITY-S    | T-ZIP                      | •   |               | 1             |  |
| TITLE                          |   | ( DELETÉ                                  | 6.1 TITLE     |                            |   | ☐ Change      | ☐ Addition    |  |
| NAME                           |   |   | 6.2 NAME      |                            |   |               | ļ             |  |

CITY-ST-ZIP 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS