

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **L57330** (7)
 1. Corporation Name
MIRANDA & SONS, INC.



Principal Place of Business Mailing Address
1 NE FIRST, #12 MIAMI FL 33132 **1 NE FIRST, #12 MIAMI FL 33132**

| | | | | | |
|--------------------------------|--------------------------|---------------------|--------------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 1 NE FIRST #12 | 26 | 1 NE FIRST #12 | 03/14/1990 | 03/15/1995 |
| 22 | Suite, Apt #, etc. | 27 | Suite, Apt #, etc. | 4. FEI Number | Applied For / Not Applicable |
| 23 | City & State Miami FL | 28 | City & State Miami FL | 65-0183203 | |
| 24 | Zip 33132 | 29 | Zip 33132 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | Country USA | 30 | Country U.S.A. | <input type="checkbox"/> | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | <input type="checkbox"/> | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| ANTONIO CESAR PIRES DE MIRANDA 1581 BRICKELL 506 MIAMI FL 33129 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 85 | Zip Code |
| | | | | FL | |

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, Sect on 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name) of registered agent and the applicable (F.O.B.) Registered Agent signature required when re-registering

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--------------------------|
| TITLE | DP | 11 TITLE | DP |
| NAME | ANTONIO C. P. DE MIRANDA | 12 NAME | Antonio C P. Miranda |
| STREET ADDRESS | 1581 BRICKELL 506 | 13 STREET ADDRESS | 1581 Brickell Ave # 1502 |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | Miami FL 33129 |
| TITLE | D | 21 TITLE | |
| NAME | ANTONIO C P DEMIRANDO JR | 22 NAME | |
| STREET ADDRESS | 1581 BRICKELL 506 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | |
| NAME | MARCO T. R. DE MIRANDA | 32 NAME | |
| STREET ADDRESS | 1581 BRICKELL 506 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sect on 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Blocks 13 if changed, or on an attachment with an address.

SIGNATURE: *Antonio Cesar Pires de Miranda*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/96 3741658
 DATE TIME

CR2E034 (3/96)