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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L58352

(0)

FILED
May 11 1998 8:00am
Secretary of State

|  | MI INTERNATIONAL EQU  |  |   |   |                                  |
|--|---|--|---|---|----------------------------------|
| Principal Place of Business Mailing Address                            |   |  |   | i realinis ser dires talba litte dirite isti tidit  | DIRES ASAS BIBSE BIBSE DIRECTOR  |
| 14091 SW 82 PLACE 14091 S.W. 82 PLACE MIAMI FL 33158 MIAMI FL 33158 US |   |  |   | DO NOT WRITE IN TH  | NG SPACE                         |
| 03   |   |  |   | 3. Date Incorporated or Qualified   | IN STACE                         |
|  |   |  |   | 03/12/1990  |                                  |
| 2. Principal P   | lace of Business  | 2a. Mailing Address  |   | 4. FEI Number   | Applied For                      |
| 21   |   | 26   |   |   |                                  |
| Sulte, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   | 65-0181473  | Not Applicable \$8.75 Additional |
| 22   |   | 27   |   | 5- Certificate of Status Desired  | Fee Required                     |
| City & State   |   | 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 or has paid the  |                                  |
| 24   | 25  | F-7 1  | 30  | Personal Property Tax due June 30.  | Yes No                           |
|  | 9. Name and Address of Cu   |  |   | 10. Name and Address of New Register  |                                  |
| KF   | NNETH G. LANCASTER  |  | 81 Name                                     |   |                                  |
| EDTE CHINEET DD  |   |  |   | 15 C D  |                                  |
|  | ITE 301   |  | 82 Street Add                               | ress (P.O. Box Number is Not Acceptable)  |                                  |
| SOUTH MIAMI FL 33143   |   |  | 83  |   |                                  |
| 30   | O111 MIAMI FC 33143   |  |   |   | •                                |
|  |   |  | 84 City                                     | F   | 85 Zip Code                      |
| 11. Pureuant   | to the provisions of Sections 607                                       | 0502 and 607 1508 Florida Statuto  | or the above period corr                    |   |                                  |
| office or re<br>agent. I a   | egistered agent, or both, in the s<br>m familiar with, and accept the c | State of Florida. Such change was a<br>obligations of, Section 607.0505, Flo | uthorized by the corporal<br>rida Statutes. | poration submits this statement for the purposition's board of directors. I hereby accept the | appointment as registered        |
|  | Signature, typed or printed name of registers                           | od agent and title if applicable (NOTE                                       | Registered Agent signature requ             | rod when reinstating) DAT   | E                                |
| 12.  |   | AND DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFICERS A   | AND DIRECTORS IN 12              |
| TITLE  | <b>OP</b>   | DELETE   | 1.1 TITLE                                   |   | ☐ Change ☐ Addition              |
| NAME   | Yolanda Katon   |  | 1.2 NAME                                    |   | [                                |
| STREET ADDRESS   | 14091 SW 82 PL  |  | 1.3 STREET ADDRESS                          |   |                                  |
| CITY-ST-ZIP  | MIAMI FL 33158  |  | 1.4 CITY - ST - ZIP                         |   |                                  |
| TITLE  | Ī.  | DELETE   | 2.1 TITLE                                   | PIRECTOR SONATHAN J. KATO, 4091 S.W. BR PKA<br>DIAMI, FL 33158                                | Change Addition                  |
| NAME   |   |  | 2.2 NAME 🦪                                  | CONATHAN J. KATO.   | <b>√</b>                         |
| STREET ADDRESS   |   |  | 2.3 STREET ADDRESS                          | 4091 5.W. 82 PKA  | 06                               |
| CITY-ST-ZIP  | _   |  | 2.4 CITY-SY-ZIP                             | 0/Ant FL 83/58  |                                  |
| TITLE  |   | DELETE   | 3.1 TITLE                                   |   | ☐ Change ☐ Addition              |
| NAME   |   |  | 3.2 NAME                                    |   |                                  |
| STREET ADDRESS   |   |  | 3.3 STREET ADDRESS                          |   |                                  |
| CITY-ST-ZIP  |   |  | 3.4. CiTY-S1-ZiP                            |   |                                  |
| TITLE  |   | DELETE   | 4.1 TITLE                                   |   | ☐ Change ☐ Addition              |
| NAME   |   | <del></del>  | 4. 2 NAME                                   |   |                                  |
| STREET ADDRESS   |   |  | 4.3 STREET ADDRESS                          |   |                                  |
| CITY-ST-ZIP  |   |  |   |   |                                  |
| TITLE  |   | DELETE   | 4.4 CITY - ST - ZIP<br>5.1 TITLE            |   | ☐ Change ☐ Addition              |
| NAME   |   | الما الما الما الما الما الما الما الما                                      |   |   | C Cuante C Kooliloii             |
| l.   |   |  | 5.2 NAME                                    |   | 1                                |
| STREET ADDRESS   |   |  | 5.3 STREET ADDRESS                          |   |                                  |
| CITY-ST-ZIP  | <del></del>   | T DELETE   | 5.4 CITY - S1 - ZIP                         |   |                                  |
| TITLE  |   | ☐ DELETE   | 6.1 TITLE                                   |   | ☐ Change ☐ Addition              |
| NAME   |   |  | . 6.2 NAME                                  |   |                                  |
| STREET ADDRESS   |   |  | 6.3 STREET ADDRESS                          |   |                                  |
| CITY-ST-ZIP  |   |  | 6.4 CITY-ST-ZIP                             |   |                                  |
| 14. I héreby c   | ertify that the information supplied                                    | ed with this filing does not qualify for                                     | the exemption stated in                     | Section 119.07(3)(i), Florida Statutes. I further   | certify that the information     |

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 chapted, or on an attachment with an address.

CIONATURE.

4/00/00

(200) 226-977