SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -8 AM 10:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M13836** (5)

1. Corporation Name
MICOR CAPITAL, INC.

Principal Place of Business	Mailing Address
260 PALM AVE. MIAMI BCH. FL 33139 US	260 PALM AVE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/09/1985
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business	2a. Mailing Address
21 3080 N. 35TH Street	26 3080 N. 35TH Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hollywood FL	City & State 28 Hollywood, FL
Zip 24 33021 Country 25 U.S.A.	Zip 29 33021 Country 30 U.S.A.

4. FEI Number: 59-2514483 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FIELDSTONE, RONALD, ESQ.
2601 SOUTH BAYSHORE DR.
SUITE 1500
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 200 South Biscayne Boulevard
83 Suite 2100
84 City Miami FL 85 Zip Code 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when file stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, AND DELETIONS	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	BROWARNIK, MICHAEL W.	12 NAME	
STREET ADDRESS	260 PALM AVE	13 STREET ADDRESS	3080 N. 35 St.
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	Hollywood, FL 33021
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	BROWARNIK, CORINA ROFFE	22 NAME	
STREET ADDRESS	260 PALM AVE	23 STREET ADDRESS	3080 N. 35TH St.
CITY ST ZIP	MIAMI BEACH FL	24 CITY ST ZIP	Hollywood, FL 33021
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 7/30/95 305 987-3103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
MICHAEL BROWARNIK, President

0043000 CP