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

PROFIT FLORIDA DEPARTMENT OF STATE Paris I **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 OCT 21 MM C- 21 DOCUMENT # M13836 (5)SECRETARY OF STATE TALLAHASSEE FLORIDA MICOR CAPITAL, INC. Mailing Address Principal Place of Business REINSTATEMEN 8080 N 35TH ST 3080 N 35TH ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-2628 04/09/1985 06/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2514483 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 30 Yes No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FIELDSTONE, RONALD, ESQ. 200 S BISCAYNE BLVD 82 #2100 **MIAMI FL 33131** 83 City 84 Zip Code **3302**7 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 agont 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 above florida Statutes. SIGNATURE Signature, typical or (NOTE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition TITLE 1.1 TITLE BROWARNIK, MICHAEL W. NAME 1.2 NAME 400002327334---1 3080 N 35TH ST STREET ADDRESS 1.3 STREET ADDRESS -10/22/97--01103--027 HOLLYWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 1440 50 50 05 ition ****758.75 DELETE TITLE 21 TITLE BROWARNIK, CORINA ROFFE NAME 2.2 NAME 3080 N 35TH ST STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition THILE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THUE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE JULE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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 expelver 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 fit an underline of the corporation and that my name appears in Block 12 or Block 13 if changed, or fit an underline of the corporation and the corporation of the corporation of the corporation or the corporation of the corporation o appears in Block 12 or Block 13 if