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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M30631 (9)
1. Corporation Name
MIKON FINANCIAL SERVICES, INC.



Principal Place of Business: 6555 N.W. 36 ST. SUITE 310-A MIAMI FL 33166
Mailing Address: 6555 N.W. 36 ST. SUITE 310-A MIAMI FL 33166-6978

2. Principal Place of Business:
21 6555 N.W. 36 ST
22 110
23 Miami, FL
24 33166

2a. Mailing Address:
26 P.O. Box 661104
27
28 Miami Springs, FL
29 33266 30 Dave

3. Date Incorporated or Qualified: 04/17/1986
3a. Date of Last Report: 05/14/1996
4. FEI Number: 59-2671606
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 intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CAPOTE, PEDRO MARIO
1078 HUNTING LODGE DR.
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent
81 Name: Richard Capote
82 Street Address (P.O. Box Number is Not Acceptable): 6555 N.W. 36 Street
83 Suite 110
84 City: Miami FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0602 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 authorized, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Richard Capote* Richard Capote Vice-President 3/19/97
(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS

| | | |
|--------------------|------------------------|---------------------------------|
| 1.1 TITLE | PD | <input type="checkbox"/> DELETE |
| 1.2 NAME | CAPOTE, JUAN CARLOS | |
| 1.3 STREET ADDRESS | 1078 HUNTING LODGE DR. | |
| 1.4 CITY-ST-ZIP | MIAMI SPRINGS FL | |
| 2.1 TITLE | VD | <input type="checkbox"/> DELETE |
| 2.2 NAME | CAPOTE, RICHARD | |
| 2.3 STREET ADDRESS | 1078 HUNTING LODGE DR. | |
| 2.4 CITY-ST-ZIP | MIAMI SPRINGS FL | |
| 3.1 TITLE | STD | <input type="checkbox"/> DELETE |
| 3.2 NAME | CAPOTE, PEDRO MARIO | |
| 3.3 STREET ADDRESS | 1078 HUNTING LODGE DR. | |
| 3.4 CITY-ST-ZIP | MIAMI SPRINGS FL | |
| 4.1 TITLE | | <input type="checkbox"/> DELETE |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> DELETE |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> DELETE |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Vice-President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Capote, Richard | |
| 2.3 STREET ADDRESS | 1280 Raven Ave. | |
| 2.4 CITY-ST-ZIP | Miami Springs, FL 33166 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 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 (changed), or on an attachment with an address.

SIGNATURE: *Richard Capote* Richard Capote Vice-President 3/19/97 (305) 871-4778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Phone #

CR2E034 (9/96)