## 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 # M47937

(1)

MID & ASSOCIATES, INC.

Feb 25 1998 8:00ar	n
Secretary of State	

Principal Place of Business Mailing Address				_				· Bidit dessi dinit Bibit 1881
801 N VENETIAN DRIVE			801 N VENETIAN DRIVE					
#1208 MIAMI BEACH FL 33139			#1208 MIAMI BEACH FL 33139				DO NOT WRITE IN THIS SPACE	
MIAMI DENOI	1 FL 33139		MINMI DENOTI FL 33133				3. Date Incorporated or Qualified	Of NOC
ļ							03/09/1987	
2. Principal P	Place of Business	28	. Mailing Address			··	4. FEI Number	Applied For
21		26					59-2808030	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27						Fee Required
City & Stat	е	<u> </u>	City & State				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	[28]	Zip	I Co	untry		Trust Fund Contribution	Added to Fees
24	25	29	21p	30	unuy		This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent year Intangible  Yes No
24	9. Name and Address of Curre		stered Agent	1301			10. Name and Address of New Registered	
DIA	AZ, MARIA TERESA				81	Name		
L .	1 N VENETIAN DRIVE				82	Ctroot Addre	ess (P.O. Box Number is Not Acceptable)	
	208				02	Street Addie	ass (F.O. box Number is Not Acceptable)	
	AMI BEACH FL 33139				83			
					84	City	FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	-02 and 6	07 1508 Florida Statut	as the s	hove	-named corno	pration submits this statement for the purpose o	changing its registered
I office or r	enistered agent, or both, in the Stat	te of Flori	ida. Such changa was :	authorize	id hu	the corporation	on's board of directors. I hereby accept the app	ointment as registered
1	m familiar with, and accept the obli	gations o	or, Section 617.0505, Fil	orida Sta	tutes	,	4.1.	.00
SIGNATURE	Signature, ryend or printed frame of pressered d	(000) and 100	o Papplicable. (NOT	F: Repistore	ed Age	ni signalure require	Z - / • d when reinstaling) DATE	78
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P		DELETE	11 T	ITLE			Change Addition
NAME	DIAZ, MARIA TERESA			1.2 N	IAME			
STREET ADDRESS	801 N VENETIAN DRIVE #1	208		1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.4 0	ITY-SI	r-ziP		
TITLE	T		☐ DELETE	2.1 T	ITLE			Change Addition
NAME	GARCIA-DIAZ, DANIEL			2.2 N	AME			
STREET ADDRESS	801 N VENETIAN DRIVE #1	208		2.3 S	TREET.	ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139			2.4 (	CITY-S	T-ZIP		
TITLE	8		☐ DELETE	3.1 T	ITLE			Change Addition
NAME	garcia, ileana e			3.2 N	AME			ſ
STREET ADDRESS	801 N VENETIAN DRIVE #1	208		8.8 s	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139			_	CITY-S	T-ZIP		
TITLE	V		DELETE	4.1 T	ITLE			Change Addition
NAME	GARCIA-DIAZ, MANUEL			4.2}	IAME			}
STREET ADDRESS	801 N VENETIAN DRIVE #12	208		4.3 S	TREET	address		l
CITY-ST-ZIP	MIAMI BEACH FL 33139		··· <b>  -</b> ···	_	ITY-ST	- ZIP		
TITLE			☐ DELETE	5.1 Ti				☐ Change ☐ Addition
NAME				5.2 N		ļ		]
STREET ADDRESS				5.3 \$	TREET	address		
CITY-S1-ZIP	<u> </u>			_	ITY-SI	- ZIP		
TITLE			DELETE	6.1 T		-		☐ Change ☐ Addition
NAME				6.2 N	AME			

14. 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 changed, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

Z-1-98 BOS) 595-998Z