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Mar 21 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 # M53430 (8)

1. Corporation Name
MIAPAR INTERNATIONAL CORPORATION



Principal Place of Business
2050 CORAL WAY
SUITE 401
MIAMI FL 33145

Mailing Address
2050 CORAL WAY
SUITE 401
MIAMI FL 33145-2634

3. Date Incorporated or Qualified
06/05/1987

3a. Date of Last Report
02/02/1996

4. FEI Number
65-0015325

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 intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 7790 NW 71st STREET

2a. Mailing Address
26 7790 NW 71st STREET

Suite, Apt. #, etc.

22 City & State
23 MIAMI - FLORIDA

24 33166 25 USA

27 City & State
28 MIAMI - FLORIDA

29 33166 30 USA

9. Name and Address of Current Registered Agent

MACDANIEL, JOHN M.
TWO S. BISCAYNE BLVD.
ONE BISCAYNE TOWER, STE. 3780
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
NOTE: SAME AGENT.

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City
FL 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS
NAME BAZAN, LUIS E.
STREET ADDRESS 1925 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL

TITLE T
NAME BAZAN, LUIS E.
STREET ADDRESS SUITE D 407
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 its 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: BAZAN, LUIS E.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97 (305)5139300
Date Daytime Phone #

0203330

CR2E034 (9/96)