

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M57802

(4)

1. Corporation Name

MIREY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

C/O REYNALDO PEREZ
8770 SW 132 ST.
MIAMI FL 33176

C/O REYNALDO PEREZ
8770 SW 132 ST.
MIAMI FL 33176

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/21/1987

3a. Date of Last Report

01/17/1995

4. FEE Number

59-2836425

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. 190.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

PEREZ, REYNALDO
8770 SW 132 STREET
MIAMI FL 33175

81 Name

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the officer or director)

Signature of Registered Agent (if not the same as the officer or director)

Date

12. OFFICERS AND DIRECTORS

1. TITLE: D
2. NAME: PEREZ, REYNALDO
3. STREET ADDRESS: 8770 SW 132ND ST
4. CITY-STATE-ZIP: MIAMI FL

☐ DELETE

1. TITLE: PEREZ, MIRIAM
2. NAME: PEREZ, MIRIAM
3. STREET ADDRESS:
4. CITY-STATE-ZIP:

☐ DELETE

1. TITLE:
2. NAME:
3. STREET ADDRESS:
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2. NAME:
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: D- President ☒ Change ☐ Addition

2. NAME:

3. STREET ADDRESS:

4. CITY-STATE-ZIP:

5. TITLE:

6. NAME:

7. STREET ADDRESS:

8. CITY-STATE-ZIP:

9. TITLE:

10. NAME:

11. STREET ADDRESS:

12. CITY-STATE-ZIP:

13. TITLE:

14. NAME:

15. STREET ADDRESS:

16. CITY-STATE-ZIP:

17. TITLE:

18. NAME:

19. STREET ADDRESS:

20. CITY-STATE-ZIP:

21. TITLE:

22. NAME:

23. STREET ADDRESS:

24. CITY-STATE-ZIP:

25. TITLE:

26. NAME:

27. STREET ADDRESS:

28. CITY-STATE-ZIP:

29. TITLE:

30. NAME:

31. STREET ADDRESS:

32. CITY-STATE-ZIP:

33. TITLE:

34. NAME:

35. STREET ADDRESS:

36. CITY-STATE-ZIP:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/96 305 278-4003
Date Daytime Phone

CR2E034 (12/95)