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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # M57802 1. Corporation Name

MIREY ENTERPRISES, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90061 028 ***150.00



					1 (88)4411 (2) 61114 (884 (811) 884			
Principal Place	of Business	Mailing Address			· .			
C/O REYNALDO) PEREZ	C/O REYNALDO PEREZ				-		
8770 SW 132 S		8770 SW 132 ST. MIAMI FL 33176			DO NOT WRIT	TE IN THIS SPACE		
MIAMI FL 33176	j .	MIAMI FL 33170			3. Date Incorporated or Qualifed			
					08/21/1987			
- 00 10	Land Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
2. Principal Pi	lace of Business	<u> </u>			59-2836425	• No	t Applicable	E V
21	# -1-	Suite, Apt. #, etc.				\$8.75	Additional	e"
Suite, Apt.	#, etc.	├ ─ ┐			5. Certifcate of Status Desired	Fee Re		
22		27 City & State			6 Election Campaign Financing	\$5.00	May Be	
City & State	e -	<u> </u>			Trust Fund Contribution	Added		
23	Country	28 Zip	Cou	untry	8. This corporation owes the curr	ent vear Intangible		
Zip຺ ─		<u> </u>	30	,	Personal Property Tax.	Yes	□No	
24	25	29 ss of Current Registered Agent	130		10. Name and Address of New F	Registered Agent		
· .	g. Name and Addres	as of Culterit Registered Agont		81 Name				
PERI	ez, reynaldo							
	SW 132 STREET			82 Street	Address (P.O. Box Number is Not Accepted	able)	1	
	MI FL 33175			83		3.12.00 33.04.6	16.1 (10.142)	
IVIDAN	MITE 33173						10 4 10	
				84 City		E ■ 85 Zip	Code,	
				<u> </u>	the state of the s	number of changing its	registered	
11. Pursuant	to the provisions of Secti	ions 607.0502 and 607.1508, Florida Statut in the State of Florida. Such change was a	tes, the a authorized	above-named d by the come	corporation submits this statement for the pration's board of directors. I hereby accep	ot the appointment as re	gistered	
office of r	registered agent, or both, am familiar with, and acce	ept the obligations of, Section 607.0505, Flo	rida Stat	tutes.			1	
SIGNATURE								_
SIGNATURE	Signature, typed or printed name	throganiste egene			equired when reinstating) ADDITIONS/CHANGES TO OF	DATE	DECINITA	CR2E0347(11/98)
12.		FFICERS AND DIRECTORS	13.		**	☐ Change	Addition	Ξ
TITLE	PD	☐ DÉLETE	1.1 T		· 数约数			4
NAME	PEREZ, REYNALDO			IAME			·	8
STREET ADDRESS	8770 SW 132ND ST		1.3 \$	TREET ADDRESS			. •	뜅
CITY-ST-ZIP	MIAMI FL		_	CITY-ST-ZIP		Change	Addition	8
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NAME	PEREZ, MIRIAM		2.2 N	IAME				
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CITY-ST-ZIP	MIAMI FL		2.40	CITY-ST-ZIP				
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STREET ADDRESS	· ·		3.2 N	AME		Change		
' '					سنجب سد . حسید. در دیج	Change	. 185 Tup 1 KG	
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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 eport 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, with all other like empowered.

SIGNATURE: