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Jan 22 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 # M64295 (2)

1. Corporation Name:
MIMER PROPERTIES, INC.

Principal Place of Business:
3220 SOUTHWEST 140 AVENUE
MIAMI FL 33175
US

Mailing Address:
3220 SOUTHWEST 140 AVENUE
MIAMI FL 33175-6755
US

3. Date Incorporated or Qualified: 01/08/1988
3a. Date of Last Report: 10/11/1996

2. Principal Place of Business:
21 3220 S.W 140 Ave

2a. Mailing Address:
26 3220 S.W 140 Ave.

4. FEI Number: NOT APPLICABLE
Applied For: ☒ Not Applicable

Suite, Apt. #, etc.:
22

Suite, Apt. #, etc.:
27

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

City & State:
23 MIAMI, FLA.

City & State:
28 MIAMI, FLA

6. Election Campaign Financing Trust Fund Contribution: ☒ \$5.00 May Be Added to Fees

Zip: 24 33175 Country: 25

Zip: 29 33175 Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:
PENALVER, RAFAEL A., JR
1101 BRICKELL AVE.
#1700
MIAMI FL 33131

10. Name and Address of New Registered Agent:
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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: DP
NAME: MERINO, MIGUEL M.
STREET ADDRESS: 3220 SW 140 AVE
CITY-ST-ZIP: MIAMI FL
[] DELETE
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [] Change [] Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: [] Change [] Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: [] Change [] Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: [] Change [] Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: [] Change [] Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: [] Change [] 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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-1997

Date: _____ Daytime Phone # _____

CR2E034 (9/96)