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# Mar 26 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

**DOCUMENT # N93000004372 (9)**

1. Corporation Name

MINICOL CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 PONCE DE LEON BLVD<br>SUITE 119<br>CORAL GABLES FL 33134 | 1000 PONCE DE LEON BLVD<br>SUITE 119<br>CORAL GABLES FL 33134-3336 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 09/28/1993 | 3a. Date of Last Report: 07/23/1996 |
| 4. FEI Number: 65-0442404 | ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

ARBOLEDA, BEATRIZ
1000 PONCE DE LEON BLVD
SUITE 119
CORAL GABLES FL 33134

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | PD | ☐ Change ☐ Addition |
| NAME | ARBOLEDA, BEATRIZ | | 1.2 NAME | ARBOLEDA, BEATRIZ | |
| STREET ADDRESS | 8798 SW 62ND CT | | 1.3 STREET ADDRESS | 8798 S. W. 62nd. Ct. | |
| CITY-ST-ZIP | MIAMI FL 33143 | | 1.4 CITY-ST-ZIP | Miami, Fl 33143 | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | VPD | ☐ Change ☐ Addition |
| NAME | ARANGO, MARIO | | 2.2 NAME | ARANGO, MARIO | |
| STREET ADDRESS | 4528 SW 143 CT | | 2.3 STREET ADDRESS | 4258 S. W. 143 Ct. | |
| CITY-ST-ZIP | MIAMI FL 33175 | | 2.4 CITY-ST-ZIP | MIAMI, Fl 33175 | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | MANTILLA, ELSA | | 3.2 NAME | GONZALEZ, JORGE | |
| STREET ADDRESS | 10590 SW 100TH STREET | | 3.3 STREET ADDRESS | 7372 S. W. 16th. Street | |
| CITY-ST-ZIP | MIAMI FL 33176 | | 3.4 CITY-ST-ZIP | MIAMI, Fl 33155 | |
| TITLE | ETD | ☐ DELETE | 4.1 TITLE | ETD | ☒ Change ☐ Addition |
| NAME | MANTILLA, JAIME | | 4.2 NAME | BEJARANO, MIGUEL D. | |
| STREET ADDRESS | 10590 SW 100TH STREET | | 4.3 STREET ADDRESS | 11491 S. W. 200th. Street | |
| CITY-ST-ZIP | MIAMI FL 33176 | | 4.4 CITY-ST-ZIP | MIAMI, Fl 33157 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | CELIS, ABRAHAM | | 5.2 NAME | CELIS, ABRAHAM | |
| STREET ADDRESS | 7213 NW 79TH TERRACE | | 5.3 STREET ADDRESS | 1231West 61st. Place | |
| CITY-ST-ZIP | MEDLEY FL 33166 | | 5.4 CITY-ST-ZIP | Hialeah, Fl 33012 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beatriz Arboleda BEATRIZ ARBOLEDA 3-12-97 (305)444-8989