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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 SUITE 119 CORAL GABLES FL 33134	1000 PONCE DE LEON BLVD SUITE 119 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 09/28/1993

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: BEJARANO, MIGUEL
82 Street Address (P.O. Box Number is Not Acceptable): 1000 PONCE DE LEON BLVD
83: SUITE 119
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: Miguel Bejarano MIGUEL BEJARANO VICE PRESIDENT 04/09/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President -PD	☒ Change ☐ Addition
NAME	ARBOLEDA, BEATRIZ		1.2 NAME	Arango, Mario	
STREET ADDRESS	8798 SW 62ND CT		1.3 STREET ADDRESS	13271 S.W. 17 Lane Apt. 3	
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP	~~Miami, Fl. 33175~~	
TITLE	VPD	☐ DELETE	2.1 TITLE	Vice President -VPD	☒ Change ☐ Addition
NAME	ARANGO, MARIO		2.2 NAME	Bejarano, Miguel	
STREET ADDRESS	4528 SW 143 CT		2.3 STREET ADDRESS	11491 S.W. 200 St.	
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP	~~Miami, Fl. 33157~~	
TITLE	S	☐ DELETE	3.1 TITLE	Secretary--D	☒ Change ☐ Addition
NAME	GONZALEZ, JORGE		3.2 NAME	Gonzalez, Jorge	
STREET ADDRESS	7372 S.W. 16TH STREET		3.3 STREET ADDRESS	7372 S.W. 16 St.	
CITY-ST-ZIP	MIAMI FL 33155		3.4 CITY-ST-ZIP	~~Miami, Fl. 33155~~	
TITLE	ETD	☐ DELETE	4.1 TITLE	Treasurer -DT	☒ Change ☐ Addition
NAME	BEJARANO, MIGUEL D		4.2 NAME	Aguirre, Javier	
STREET ADDRESS	11491 S.W. 200TH STREET		4.3 STREET ADDRESS	11342 S.W. 100 Ave.	
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP	Miami, Fl. 33176	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CELIS, ABRAHAM		5.2 NAME		
STREET ADDRESS	1231 WEST 61ST PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		5.4 CITY-ST-ZIP		
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		

CR2E037 (10/97)

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 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: X Miguel Bejarano 4/9/98 (305) 444-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #