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04-20-1999 90247 001 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004372

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 09/28/1993
4. FEI Number: 65-0442404 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BEJARAMO, MIGUEL
1000 PONCE DE LEON BLVD
STE 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	I REQUEST TO FIXED	☐ Addition
NAME	ARANGO, MARIO		1.2 NAME	MY LAST NAME	
STREET ADDRESS	13271 SW 17 LANE APT 3		1.3 STREET AD	THAT IS INCORRET	
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-Z	— o — o —	
TITLE	VPD	☐ DELETE	2.1 TITLE	BEJARANO, MIGUEL	☐ Addition
NAME	BEJARANO, MIGUEL		2.2 NAME		
STREET ADDRESS	11491 SW 200 ST		2.3 STREET AD		
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Addition
NAME	GONZALEZ, JORGE		3.2 NAME		
STREET ADDRESS	7372 SW 16 ST		3.3 STREET AI		
CITY-ST-ZIP	MIAMI FL 33155		3.4 CITY-ST-		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Addition
NAME	AGUIRRE, JAVIER		4. 2 NAME		
STREET ADDRESS	11342 SW 100 AVE		4.3 STREET AI		
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY-ST-Z		
TITLE	D	☐ DELETE	5.1 TITLE		☐ 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 (11/98)

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, with all other like empowered.

SIGNATURE: X [signature] SIGNATURE REQUIRED 04/12/1999 305-908 5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #