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

PROFIT CORPORATION ANNUAL REPORT

1998

14. Thereby certify that the information supply indicated on this annual report or supply officer or director of the corporation of the Block 12 or Block 13 if changed,



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002268 (0)

MIKE ENTERPRISES INTERNATIONAL, INC.

Mailing Address Principal Place of Business 4040 WEST 7 LANE 4040 W 7TH LN SUITE 206 **SUITE 206** DO NOT WRITE IN THIS SPACE HIALEAH FL 33012 HIALEAH FL 33012 U\$ 3. Date Incorporated or Qualified 11/05/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0395512 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible X Yes □ No 30 Personal Property Tax due June 30. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MIGUEL, CANIZARES A. 4040 WEST 7 LANE Street Address (P.O. Box Number is Not Acceptable) SUITE 206 83 HIALEAH FL 33012 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 Fiorida. 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 Signature, typed or printed name of registered agent and title if hpplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRLCTORS Change Addition Addition DELETE PTS 1.1 TITLE TITLE CANIZARES, MIGUEL A 1.2 NAME NAME 4040 WEST 7 LANE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

with an address

FILED May 04 1998 8:00am Secretary of State



is filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in