

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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000002683 (0)

1. Corporation Name

MIRASOL INTERNATIONAL CENTER, INC.

Principal Place of Business

2699 COLLINS AVE
MIAMI BEACH FL 33140
US

Mailing Address

2699 COLLINS AVE
FRONT DESK
MIAMI BEACH FL 33140
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/06/1992

4. FEI Number

65-0368890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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 Mirasol Int'l Center

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2699 Collins Ave.

27

City & State

City & State

23 Miami Beach Fl.

28

Zip

Country

Zip

Country

24 33140

25

U.S.A

29

30

9. Name and Address of Current Registered Agent

GISPERT, JORGE A
135 MADEIRA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

JOSE DURAN

82 Street Address (P.O. Box Number is Not Acceptable)

2699 COLLINS AVE

83

84 City

MIAMI BEACH

FL

85 Zip Code
33140

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

Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DURAN, JOSE
STREET ADDRESS 2655 COLLINS AVE., APT. 1711
CITY-ST-ZIP MIAMI BEACH

TITLE SD ☐ DELETE

NAME PIJUAN, JOAQUIN
STREET ADDRESS 2655 COLLINS AVE., APT 2411
CITY-ST-ZIP MIAMI BEACH

TITLE VD ☐ DELETE

NAME PINEDA, MANUEL
STREET ADDRESS 2655 COLLINS AVE., #1506
CITY-ST-ZIP MIAMI BEACH

TITLE TD ☐ DELETE

NAME FERNANDEZ, MIRIAM
STREET ADDRESS 2655 COLLINS AVE., #2006
CITY-ST-ZIP MIAMI BEACH FL

TITLE VD ☐ DELETE

NAME FERNANDEZ, ANICIA
STREET ADDRESS 2655 COLLINS AVE., APT. 2101
CITY-ST-ZIP MIAMI BEACH FL

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 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:

President

4/10/98

CR2E034 (10/97)