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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010496 (7)

FILED Feb 20 1998 8:00am Secretary of State

MISUN	IKI GROUP, INC.	, ,			
Principal Plac	e of Business	Mailing Address		1 INDIVIDUIT IN THE PROPERTY OF SELECTION OF	
7275 SW 148 STREET PO BOX 561014 MIAMI FL 33158 MIAMI FL 33256-1014 US				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
		1 - 1 - 11		12/07/1992	
⊢ ⊸ '	face of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl.	# Ato	26 Suite, Apt. #, etc.	.	65-0374292	Not Applicable \$8.75 Additional
22	и, ак.	27		6. Certificate of Status Desired	Fee Required
City & State	e	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	RRARI, GABRYLEDA		Name		
7275 SW 148 STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
Mi	AMI FL 33158		83		
			63		
			84 City	F	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE				poration submits this statement for the purpose ation's board of directors. I hereby accept the apparent when reinstating. DATE	of changing its registered pointment as registered
12,	Signature, typed or printed name of registered ap	gent and title if applicable. (NOT ND DIRECTORS	E Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONO OF INTEREST OF THE END AND	☐ Change ☐ Addition
NAME	FERRARI, GABRYLEDA	_	1.2 NAME		_ , _
STREET ADDRESS	7275 SW 148TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	PVST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Ferrari, Gabryleda		2.2 NAME		
STREET ADDRESS	7275 SW 148TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
name			3.2 NAME		į
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$T-ZIP		Drugge	3.4. CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELE TE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		· · · · · ·
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CFTY - 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.