FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000000854 (8)**

1. Corporation Name

MI HOLDING CORP.

Principal Place of Business	Mailing Address
7521 SW 133RD STREET MIAMI FL 33156 US	7521 SW 133RD STREET MIAMI FL 33156 US

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business
21: 2121 S.W. 3rd AVE.
22 Suite, Apt. #, etc.: 608
23 City & State: Miami, FL
24 Zip: 33129
25 Country:

2a. Mailing Address
26: 2121 S.W. 3rd AVE.
27 Suite, Apt. #, etc.: 608
28 City & State: Miami, FL
29 Zip: 33129
30 Country:

4. FEI Number: 65-0416826 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IRIGOYEN, BERT
7521 S.W. 133 STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: IRIGOYEN, BERT
82 Street Address (P.O. Box Number is Not Acceptable): 2121 S.W. 3rd AVE. #608
83
84 City: Miami FL 85 Zip Code: 33129

11. Pursuant to the provisions of Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	IRIGOYEN, BERT		1.2 NAME	IRIGOYEN, BERT	
STREET ADDRESS	7521 S.W. 133 STREET		1.3 STREET ADDRESS	2121 S.W. 3rd AVE. #608	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33129	
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, LARARO		2.2 NAME		
STREET ADDRESS	1111 LINCOLN RD., #804		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and 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, added or deleted on an attachment with an address.

SIGNATURE: B. I. [signature] 6/6/96 (305) 285-9994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number