## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P93000034057 (8)

**FILED** Feb 26 1996 8:00 am **Secretary of State** 

LA MIRAGE, INC.					A MARIHAAN DIA MANAA AMIN AANIN AANI	† <b>66</b> 60 <b>68</b> 166 1144 <b>6</b> 660 <b>6</b> 6	()	
Principal Place of Business Mailing Address  16546 N.E. 26TH AVENUE 16546 N.E. 26TH AVENUE SUITE 4G  SUITE 4G								
NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH I			CH FL 33160		3. Date Incorporated or Qualified 3a. Date of		Popod	
					05/07/1993	3a. Date of Last F 04/21/19		
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For	
26				65-0413536	Not Applicab			
*		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	4 1	\$8.75 Additional Fee Required	
City & State		Orty & State	n - 1		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees		
Z(ρ Country <b>25</b>		Ζφ 29	Country 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes    Yes  No			
	9. Name and Address of Curre	1 I	30		10. Name and Address of New R			
			8	1 Name				
NOSIKO\	/SKY, DAVID		į	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
16546 N.E. 26TH AVENUE								
SUITE 40			8	3				
NORTH MIAMI BEACH FL 33160			8	4 City		85 Z	ip Code	
1 Pure put to	the provisions of Sections 607 0500	and 607 1609. Florida Dest	100 100 100	<u> </u>	ration submits this statement for the pur	FI. : 1	•	
Cit regionales	d agent, or both, in the State of Flori , and accept the obligations of, Sect	ua. Such change was author	izea ov ina co	rporation's boa	rd of directors. I hereby accept the appo	sintment as registered	d agent. I am	
ignature <sub>-si</sub>	gnative, typed or printed name of registered agent	and the if applicable (f)	NOTE: Flagistered Ar	ont sonature require	of wher reinstaling	DATE	<del></del>	
2.	OFFICERS AND DIRECTORS		13.				DRS IN 12	
'lf	D	☐ DELETE	1. 1 Titl	E		Change	☐ Addition	
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HEFT ADDRESS			1.3 STREET ADDRESS					
1Y-\$!-7# ILF	NORTH MIAMI BEACH FL 33		1.4 C/TY					
M:	☐ DELETE		2 1 717L			☐ Change	☐ Addition	
REET ADDRESS			2 2 NAM					
IY - S1 - ZIP			2.4 CITY	ET ADDRESS				
LE .		DELETE	3. 1 TITL			☐ Change	Addition	
ME			3 2 NAM					
KEET ADORESS			3.3 STRI	E1 ADDRESS				
IY ST-ZIP			3.4 CITY	ST-ZIP				
1.6		☐ DELETE	4 1 TITL			Change	■ Addition	
Mi			4 2 NAM					
PLET ADDRESS			4.3 STRE	ET ADDRESS				
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Mŧ		• • • • •	6.2 NAM	4		□ triange	☐ Mudition	
REFLADORESS				ET ADORESS				
TY ST-ZIF			6 4 CITY					
CELLIV ORBIT	certify that the information supplied the information indicated on this annument of the corporated to	iai renori or si ioniemental an	rnished and do	es not qualify to	or the exemption stated in Section 119,0	nama lagal affect on t	tes. I further	

SIGNATURE: David Mosicous By SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR