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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000034057

1. Corporation Name

LA MIRAGE, INC.

Principal Place of Business	Mailing Address
16682 COLLINS AVENUE	16682 COLLINS AVENUE
SUITE 4G	SUITE 4G
NORTH MIAMI BEACH FL 33160	NORTH MIAMI BEACH FL 33160

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90018 031 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/07/1993 4. FEI Number Applied For 26 65-0413536 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent \mathcal{A}_{i} \mathcal{A}_{i} \mathcal{A}_{i} \mathcal{A}_{i} \mathcal{A}_{i} KATSMAN, MARK Street Address (P.O. Box Number is Not Acceptable) 9350 SOUTH DIXIE HIGHWAY SUITE PH2 83 **MIAMI FL 33156** 84 City 85 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 of fifting 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, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 11 TITLE TITLE NOSIKOVSKY, DAVID 1.2 NAME NAME 16546 N.E. 26TH AVENUE, SUITE 4G 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33160 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE METELSKAYA, TATIANA 22 NAME NAME 17021 NORTH BAY ROAD STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL 33160 % 21 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Addition 3.1 TITLE 3.2 NAME NAME is on the 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4.2 NAME = ==== NAME . STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 14773 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE Change ☐ Addition TITLE HATE THE TIME SEED STATE OF 6.2 NAME NAME 机学用编码性 医心脏孔 跨速 6.3 STREET ADORESS STREET ADDRESS 64 CITY-ST-7IP

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, with all other like empowered

CITY-ST-ZIP

Qs. 16. 99

CR2E034 (11/98)