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 #	P93000041410	(0)
1 Corporation Mana		• •

MIRRA INTERNATIONAL CORP.

Principal Place of Business

Mailing Address



2. February Pools of Ibusiness 1. August 17 AVE 28 A140 NW 57 AVE 28 A140 NW 57 AVE 38 August 1, etc. Suite, April 4, etc. 27 Suite, April 4, etc. 28 A140 NW 57 AVE 28 A140 NW 57 AVE 38 August 1, etc. 29 A140 NW 57 AVE 38 August 1, etc. 20 A140 NW 57 AVE 38 August 1, etc. 20 A140 NW 57 AVE 38 August 1, etc. 20 A140 NW 57 AVE 38 August 1, etc. 20 A140 NW 57 AVE 38 August 1, etc. 20 A140 NW 57 AVE 38 August 1, etc. 20 A140 NW 57 AVE 38 August 1, etc. 20 A140 NW 57 AVE 38 August 1, etc. 20 A140 NW 57 AVE 38 August 1, etc. 21 A140 A140 A140 A140 A140 A140 A140 A14	704 SW 97TH PL CIR MIAMI FL 33174	704 SW 97TH PL CIR Miami Fl 33174	1		
Subject Subj				3. Date Incorporated or Qualified 06/03/1993	3a. Date of Last Report 08/14/1995
Suite, April, it, etc. Suite, April, it, etc. Suite, Agric, it, etc. Suite, etc. Suit			C-7 A.IC		Applied For
Fee Required State Power Proposition	4440 NW 57 AV	E 26 4440 NW	31 AVE	65-0417785	Not Applicable
Added to Fees Added to Fee	3	· ·		5. Certificate of Status Desired	1 1
Solution	City & State MIAMI FL		FL	, , ,	S5.00 May Be Added to Fees
S. Name and Address of Current Registered Agent Statute	Zip Country		Country		
MONTANS, PETER 704 SW 97TH PL CIR MIAMI FL 33174 11. Provision to the previous of charactery of years of part of the state of the stat			30		
MONTANS, PETER 704 SW 97TH PL CIR MIAMI FL 33174 80 80 80 80 90 PLAM1 FL 85 80 SOCIAL STATE ACCORPANCY 80 80 80 80 PLAM1 FL 85 80 SOCIAL STATE 80 SOCIAL ST	9, Name and Address	of Current Registered Agent	R1 Namo		egistereo Agent
TOA SW 97TH PL CIR MIAMI FL 33174 Sa			<u>"</u> 5€R9		
MIAMI FL 33174 83 84 CD ALL FL 85 3-376			82 Street Addr	ess (P.O. Box Number is Not Acceptab	10)
Ball Changes Delete De			83	ION St ALC	
The Pursuant to the provisions of account 2015 Control 2015 and 107 1506. Hours Statutes, the elever named conjugation saturals this statement for the purpose of changing his registered or registered agent, or both in the State principal state change was authorized by the conjugation in state of accept up and state of state authorized by the conjugation is board of directors. I hereby accept the appointment as registered agent, I familiar with, and accept up and state of state of the state of t	MIAMI FL 331/4	_			
11. Pursiant to the provisions of Sciency 607, Gr02 front 607, 1502, Florial Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I beginned agent and the state of th	()	\mathcal{I}_{Ω}	84 TH IAL	11	FI 85 20 Code 55
SIGNATURE SUBMENDED AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 11. INDE SD	11. Pursuant to the provisions of Sections	607.0502 and 607.1508, Florida Statut	tes, the above-named corpora	ation submits this statement for the pur	
SIGNATURE SUBMENDED AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 11. INDE SD	or registered agent, or both in the St	ite of Honda. Such change w/s authoriz	red by the corporation's boar	d of directors. I hereby accept the appoint	ointment as registered agent. I am
Superior for the fire of the f	. / /////	Call and Al	5.		418196
INCE SD DELETE 1.1THE	SIGNATURE X	synt and tills it appeals (N	OIL Registered Agent signature respired	f when renstating)	DATE
MONTANS, PETER 704 SW 97TH PL CIR 13 STREET ADDRESS 14 CITY - ST - ZPP MIAMI FL 12 PD DELETE 2 TITLE PAGNUSSAT, SERGIO 4440 SW 57 AVE 1440 SW 57 AVE 1440 SW 57 AVE 15 STREET ADDRESS 16 STREET ADDRESS 17 ST - ZP 16 STREET ADDRESS 18 STREE	2. 059	CER; AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TREAL ADDRESS TO 4 SW 97TH PL CIR MIANI FL LE PD DELETE 2 TITLE PAGNUSSAT, SERGIO 4440 SW 57 AVE 4440 SW 57 AVE MIANI FL LE TREASURER DELETE 3 TITLE 3 TITLE ANA MAME ANA PAGNUSSAT HEREL ADDRESS HIV-SI-7P LE ANA PAGNUSSAT HEREL ADDRESS LY-SI-7P LE ANA PAGNUSSAT HEREL ADDRESS LY-SI-7P LE ANA ME ANA PAGNUSSAT ALE ANA ALE ALE ALE ALE ALE ALE ALE ALE ALE AL	TLE SD (V □ DELETE	1. 1 THUE		☐ Change ☐ Addition
MIAMI FL ILF ILF ILF ILF ILF ILF ILF		J	: 1.2 NAME		
PD	TREE LADORESS 704 SW 97TH PL C	IŘ	1.3 STREET ADDRESS		
PAGNUSSAT, SERGIO JIREL ADDRESS MIAMI FL 24 CITY-SI-ZIP MIAMI FL 24 CITY-SI-ZIP MIAMI FL 24 CITY-SI-ZIP MIAMI FL 25 NAME ANA PAGNUSSAT BIREL ADDRESS ALLE ADDRESS	ITY-ST-ZIP MIAMI FL		1.4 CITY+S1+ZIP		
Add SW 57 AVE 23 STREET ADDRESS ALCOHY-SE-ZIP ALCOHY-SE-ZIP ADDRESS ALCOHY-SE-ZIP ALCOHY-SE-ZIP ADDRESS ALCOHY-SE-ZIP ADDRESS ALCOHY-SE-ZIP	IL! PD	☐ DELETE	2 1 TITLE		Change Addition
MIAMI FL TREASURGE ANA PAGNUSSAT ANA PAGNUSSAT AH40 SW 57 ANE BIRLET ADDRESS BIR	AME PAGNUSSAT, SERG	álO	2.2 NAME		
THE TREASURER ANA PAGNUSSAT AME ANA PAGNUSSAT 4440 SW 57 AVE BIRELI ADDRESS BIY-ST-ZIP HEE AME ANALI FL DOISS BELETE BELETE BELETE A 1 THE AME ANALI FL DOISS BELETE BELETE BELETE BELETE A 1 THE ANALI A 1 THE BELETE BELETE A 1 THE BELETE BELTE BELETE BELETE BELETE BELETE BELETE BELETE BELETE BELETE BELTE BELTET BELT BEL	TREFT ADDRESS 4440 SW 57 AVE		2.3 STREET ADDRESS		
ANA PAGNUSSAT 4440 SW 57 AVE 51REL ADDRESS CHY-ST-ZIP HIE AME ANA BIREL ADDRESS CHY-ST-ZIP HIE AME ANA BIREL ADDRESS CHY-ST-ZIP HIE AME BIREL ADDRESS CHY-ST-ZIP HIE AME BIREL ADDRESS CHY-ST-ZIP HIE AME BIREL ADDRESS CHY-ST-ZIP BILLE BIRCH ADDRESS CHY-ST-ZIP BILL BIRCH ADDRESS CHY-ST-ZIP BIRCH ADDRESS CHY-ST-ZIP BILL BIRCH ADDRESS CHY-ST-ZIP BILL BIRCH ADDRESS CHY-ST-ZIP BILL BIRCH ADDRESS CHY-ST-ZIP BILL BIRCH ADDRE	hity-s/-zi? MIAMI FL		2.4 C/TY-ST-7/P		
33 STREET ADDRESS 34 CHY - ST - ZIP	TREASURER	□ DELETE	3 1 TITLE		Change Addition
STREET ADDRESS STRE	AMA PAGNUS	Auc	3.2 NAME		
DELETE A 1 TITLE Change Add AMME 42 NAME ASTREET ADDRESS CHY-S1-ZIP	STREET ADDRESS 4440 SW_57	AVE	3.3 STREET ADDRESS		
AME	INY-ST-ZIP MIAMI FL				
A 3 STREET ADDRESS A 4 CITY - ST - ZIF Address A 5 STREET ADDRESS A 5 CITY - ST - ZIF Address A 5 STREET ADDRESS A 5 ST	HEE	[Defets			Cl Change Cl Addition
18	AME				
DELETE DELETE 5 1 THE Change Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add	STREET ADDRESS				
S2 NAME		F1 51/11			Change D Addition
53 STREET ADDRESS 54 CHY-ST-ZIP 54 CHY-ST-ZIP 6 1 THEF Change Address Ad		☐ DELETE			☐ Augu08. ☐ Vocation
STEPS STEP					
DELETE 6 1 TIFLE Change Adv Adv 62 NAME 63 STREEL ADDRESS CHY-S1-ZIP 14 I do berety certify that the information sepoled with this till a voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furt	STREET ADDRESS				
62 NAME 63 STREEL ADDRESS 63 STREEL ADDRESS 64 CITY - ST - ZIP 64 Lide bereby certify that the information smoolied with this fill a sycluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Fiorida Statutes. I furt		E or the			Change Addition
63 STREEL ADDRESS City-St-ZiP 14 Lide hereby certify that the information expoled with this filler is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I furt	i	☐ DECE 15			□ cuange □ vacation
64 CHY-ST-ZIP 65 Deprehy, certify that the information sepolied with this filled as yolunlarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furt	1				
14. Lide breety certify that the information swooling with this filled is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furt	STREEL ADDRESS				
14. Loo hereby certify that the information supplied with aris tilipgy syvoluntarily lurnished and does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. Flori			6 4 CHTY - ST - ZIP	or the execution stated in Castion 110	07/3//k) Florida Statutos I fudhor
certify that the information indicated on this appetal report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made u early, that I am an officer or director of the corporation of the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my na	certify that the information indicated g	n this approal report or supplemental and	nual report is true and accura	ate and that my signature shall have the	i same legal effect as if made under

SIGNATURE: X

NING OFFICER OR DIRECTOR