FILE NOW: FILING FEE AFTE MAY 1ST IS \$550.00 **FILED** Jan 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P9300005472 (3) DOCUMENT # MIKIDENT INC. KANE CONCOURSE 1160 KANE CONCOURSE E 203B SUITE 203B HARBOR FL 33154 DO NOT WRITE IN THIS SPACE BAY HARBOR FL 33154 3. Date Incorporated or Qualified 08/05/1993 ailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0428653 21 Not Applicable -Jite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 ity & State City & State 6. Election Campaign Financing \$5.00 May Be Г 23 Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year Intangible Country 30 X Yes Personal Property Tax due June 30. ☐ No 24 25 29 10. Name and Address of New Registered Agent ed Agent 9. Name and Address of Current Regist 81 Name POVEROMO, MELVIN D 1160 KANE CONCOURSE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 203B 83 **BAY HARBOR FL 33154** 84 City 85 Zip Code 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ection 607.0505, Florida Statutes. Pursuant to the provisions of Sections 697.0502 and 60 office or registered agent, or both, in the State of Floric agent. I am familiar with, and accept the obligations of **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. RS OFFICERS AND DIREC DELETE Change Addition TITLE 1.1 THE POVEROMO, MELVIN D 1.2 NAME NAME 1.3 STREET ADDRESS 14135 N MIAMI AVE STREET ADDRESS N MIAMI FL 33168 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ■ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition ■ DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY - 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 of 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 of 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 of the corporation or the receiver or trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attachment with an address.

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