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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

P93000061548 (2) **DOCUMENT #**

Corporation Name

MIORELLI INDUSTRIES INC.

Principal Place of Business	Mailing Address
9825 SW 74TH ST	9825 SW 74TH ST MIAMI FL 33173



9825 SW 74TH MIAMI FL 3317		9825 SW 74TH S MIAMI FL 33173	ıT		3. Date Incorporated or Qualified 09/02/1993	3a. Date of Last Report 06/14/1995
2. Principal Plac	ce of Business	2a. Mailing Addres	Mailing Address		4. FEI Number	Applied For
21		26			65-0435818	Not Applicable \$8.75 Additional
Suite, Apt. #. etc.		27] Suite Apt. #, 6	Suite Apt. #, ctc.		5. Certificate of Status Desired	Fee Required
City & State		City 8 State			6. Election Campaign Financing	\$5.00 May Be
3		28	28		Trust Fund Contribution Added to Fees	
Zφ	Country	Zip	Fa	untry	8. This corporation has liability for	intangible tax under si 199.032, :
4	25	29	[30]	T	10. Name and Address of New F	
	9. Name and Address of Cu	rrent Hegistered Agent		81 Name	IU. Name and Address of them.	
MODELL	I IOCEOU			1 1	CO FD. Al. Law is blub 400 ported	515)
	I, JOSEPH 774TH ST			82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole,
MIAMI FL				83		
MP WHITE	. 00170			84 Orty		85 Zip Code
				1 1 '	ration submits this statement for the pu	FL
SIGNATURE	Signature typest or protect many or requirement OFFICERS	age facetty capitiace	ம். 11E 6 ஓ.சன் 13.	d April Salah on Sepan		DATE FICERS AND DIRECTORS IN 12
TITLE	P	DELES		TATLE		☐ Change ☐ Addition
NAME	MIORELLI, JOSEPH		1.2	NAME		
STREET AODRESS	9825 SW 74TH ST		1.3	SINEET ADDRESS		
CITY+ST-ZIP	MIAMI FL 33173			DITY-ST-ZP		Change Addition
HILE		□ DELFIE 2 1 THUE		i		
NAME			l l	NAME STREET ADORESS		
STREET ADDRESS				CITY-ST ZIP		
DITY-ST ZIP		☐ DELF		title		☐ Change ☐ Addition
NAME			3.2	NAME		
STREET ADDRESS			33	STHEET ADDRESS		
C(TY-ST-Z)P				CHY-ST-ZIP		Change Addition
TITLE		DELE		TITLE		Charge C Noo los
NAME				NAME STREET ADDRESS		
STREET ADDRESS				CITY-ST-ZIP		
City-SI-ZiF TitlE		DELETE		TIBLE	Crange Additi	
NAME		<u> </u>		NAME		
STREET ADDRESS			5.3	STREET ADDRESS		
City-St-ZiP			5.4	CITY-ST-ZIP		
TITLE		☐ DELF	Tŧ 6	TiftE		Change Additio
NAME			6.2	NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - 7IP			€4	CHY ST-ZIF		

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arise a 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 pickess.

15/MR/96