

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Aug 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000071584  
1. Corporation Name  
MIRE-GON, INC.

Principal Place of Business  
Mailing Address  
3727 S.W. 8th St.  
MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	Oct. 14, 1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0459673
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

Gonzalez, Manuel A. MD  
3727 S.W. 8th St.  
Miami, Fl. 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 office 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MANUEL A.	1.2 NAME	
STREET ADDRESS	3727 S.W. 8th St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33134	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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\*\*\*150.00

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.

SIGNATURE:  Manuel A. Gonzalez President 7/31, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR

Date

Signature Place

CR2E034 (10/97)

Manuel A. Gonzalez, M.D.

Telephone (305) 448-7471

Fax (305) 448-3283

3727 Southwest 8th Street Suite 106  
Coral Gables, Florida 33134

7-17-98

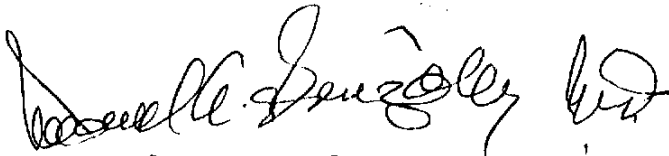
Florida Dept. of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, Fl. 32314

Gentlemen:

The undersigned Manuel A. Gonzalez, M.D., President of the corporation Mire-gon, Inc. of 3727 S.W. 8 St Miami, Florida 33134, hereby state that I did not receive the first notice of renewal Annual Report and now I receive the second notice requesting the amount of \$550.00 when I never received the first request. I am sending a check in the amount of \$150.00 and in the future I do not want this to happen again. I would like to know what I should do if I don't receive the first annual report notice for the year 1999.

I will appreciate it very much if your Department will cancel the late charge of \$550.00 and accept the regular fee of \$150.00.

Truly Yours,



Manuel A. Gonzalez, M.D.  
MAG: aeh