

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90016 023 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071584

1. Corporation Name

MIRE-GON, INC.

Principal Place of Business

~~3727 S.W. 8TH STREET
SUITE 100
MIAMI FL 33134~~
**3970 W. Flagler St. #203
SUITE 100
MIAMI FL 33134**
US **Miami Fl. 33134**

Mailing Address

**3970 W. Flagler St. #203
SUITE 100
MIAMI FL 33134**
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1993

4. FEI Number

65-0459673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, MANUEL A M.D.
3727 S.W. 8TH STREET
SUITE 100
MIAMI FL 33134**

81 Name **Same**

82 Street Address (P.O. Box Number is Not Acceptable)

3970 W. Flagler St #203

83

84 City **Miami**

FL

85 Zip Code
33134

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 **P** ☐ DELETE
NAME **GONZALEZ, MANUEL A MD**
STREET ADDRESS **3727 S.W. 8TH STREET**
CITY-ST-ZIP **MIAMI FL 33134**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **GONZALEZ, MANUEL A MD**
1.3 STREET ADDRESS **3970 W. Flagler St. #203**
1.4 CITY-ST-ZIP **Miami, Fl. 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

p93000071584
593167-90016-23

Miami, Florida
July 21, 1999

Florida Dep. of State
Annual Reports Filings
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen:

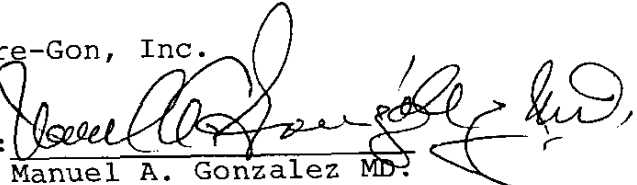
The Undersigned Manuel A. Gonzalez President of the Corporation Mire-Gon, Inc. hereby State that I never got the 1st Notice of the Annual Report. See attached check on the amount of \$150.00 for the Filing Fees.

Recently I moved out to 3970 W. Flalger St. Suite #203 Miami, Florida 33134, next year please send me the Annual Report at the new address.

Truly Yours

Mire-Gon, Inc.

By:


Manuel A. Gonzalez MD.