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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000078661 (4)

MIASA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

14241 SW 111TH UN MIAMI FL 33186 14241 SW 111TH LN MIAMI FL 33186-7089

## FILED Apr 29 1997 8:00am Secretary of State



MIAMI PL 83100		MIRMI PE 33100-7003							
						3. Date Incorporated or Qualified 11/08/1993		te of La 26/19	st Report <b>96</b>
2. Principal Place of	Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26				65-0440825			Not Applicable
Sulte, Apt. #, etc.		Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	П		.00 May Be ded to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i	ntangible		
24	25	29	30			·		No	
	Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered /	Agent	
MESA, M	ANUEL A			61	Name				
	AGLER ST PH			82	Street Addre	ess (P.O. Box Number is Not Acceptab	leì		
MIAMI FL	33130				On vot main	designed in the recent week to the contract to	,		
				83					
				84	City		FL	85	Zip Code
				<u>-</u>		oration submits this statement for the p ion's board of directors. I hereby accep			
SIGNATURE Signature	e, typed or printed name of registered ag		OTE: Registere			od whon reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE		
12.	OFFICERS AN	DELETE	13. 1.11	T. F	<del></del>	ADDITIONS/CHANGES TO OFFIC	ENS AND	☐ Cha	
	RO, PABLO A					•			ilgo E. J. Addition
	11 SW 111TH LN	•	12 N						
6414	MI FL 33186				ADDRESS				
CITY-ST-ZIP MIA	MI I C 00 100	DELETE	2111	TY-ST	1 - ZIP			Cha	nge 🔲 Additio
.,,,,,	ERO, PATRICIA A		2.2 N/					0.0	
	41 SW 111TH LN		1		ADDRESS				
	MI FL 33188		1	31Y-S	ì				
TITLE		☐ DELET€	3.1 1					☐ Cha	nge Additio
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	IREE1	ADDRESS				
CITY-ST-ZIP			3,4. C	ΠY-S	7 - ZIP				
TITLE		☐ DELETE	4.1 TI	1LE				Cha	nge 🔲 Additio
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 S	TREE 1	AODRESS				
CITY-ST-ZIP			4.4 Cl	TY-SI	1 - ZIP				
TITLE		☐ DELETE	5.1 1/					☐ Cha	nge 🔲 Additio
NAME			5.2 N						
STREET ADDRESS			5.3 S	IRECT .	ADDRESS				
CITY-ST-ZIP		T Nector		TY-\$1	T-ZIP			— ai	
TITLE		☐ DELETE	6.1 70					☐ Cha	nge 🔲 Additio
NAME			6.2 N						
STREET ADDRESS					ADDRESS				
City-St-Zip			6.4 CI	1Y-S1	T-ZIP				

14. I do 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 eath, that I am an officer or director of the corporation of 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, of on an attachment with an address.

CIGNATURE.

Molo Helio

PARIN OTER

4-22-97 305501241