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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED HAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080825 (1)

MI REALTY, INC. Mailing Address Principal Place of Business 3323 W COMMERCIAL BLVD 3323 W COMMERCIAL BLVD SUITE 100 SUITE 100 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-3435 3. Date Incorporated or Qualified 3a. Date of Last Report 11/23/1993 06/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0451186 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TRONCO, RITA 3323 W COMMERCIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 FT LAUDERDALE FL 33309 84 City 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, at 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 an accept the obligations or, Section 50.55, Florida Statutes. SIGNATURE (NOTE: Rogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Change TITLE 11 TITLE TRONCO, RITA 1.2 NAME NAME 3323 W COMMERCIAL BLVD SUITE 100 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33309 1.4 CITY - ST-ZIP CITY ST-ZIE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CUTY - S1 - ZIF 2. 4 City-St-7(P DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - 7IP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- ZIP DELETE 51 TITLE Change Addition THEF NAMi 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-ST-ZIP CHY-51-20F 14. I do hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the report 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 all attentioning thin an address.