FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005454 (1)

1. Corporation Name

M I FINANCE, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVENUE NINTH FLOOR MIAMI FL 33131 US	801 BRICKELL AVENUE NINTH FLOOR MIAMI FL 33131 US

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0468039 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3323 W. Commercial Blvd	26 3323 W. Commercial Blvd
22 Suite, Apt. #, etc. Suite 100	27 Suite, Apt. #, etc. Suite 100
23 City & State Ft. Lauderdale	28 City & State Ft. Lauderdale
24 Zip 33309 — 25 Country FL	29 Zip 33309 — 30 Country FL

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRONCO, RITA
801 BRICKELL AVENUE
NINTH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3323 W. Commercial Blvd
83 Suite 100
84 City Ft. Lauderdale FL 85 Zip Code 33309

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] Rita Tronco — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE 6/25/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	TRONCO, RITA	
STREET ADDRESS	801 BRICKELL AVENUE NINTH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	SAMSEL, PETER	
STREET ADDRESS	801 BRICKELL AVENUE NINTH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3323 W. Commercial Blvd, Suite 100	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3323 W. Commercial Blvd, Suite 100	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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 6/25/96 — Daytime Phone # (954) 447 3060

CR2E034 (12/95)