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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006927 (5)

MIRACLE PRODUCTS, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place	e of Business		Mailing Address			1 10811001 110 folis 81011 00111 1	18111 88111 88111 88118 81118 1914 8	HEN INDI IBDI
2310 NW 3RD AVENUE STE. 2 POMPANO BEACH FL 33306			2310 NW 3RD AVENUE STE. 2 POMPANO BEACH FL 33308			DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Qualifit 01/27/1994 	ed	
2. Principal P	lace of Business		2a. Mailing Address			4. FEI Number	Ar	oplied For
21		2	_ 			65-0463053		ot Applicable
Suite, Apt		2	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	Additional equired
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23			8 7	1	Nes i	Trust Fund Contribution		
Zip	<u>}¬</u>		7(p Country 30		8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	n Name and Ad	Idress of Current Re	g stered Agent	[30]		10. Name and Address of New		
7		idibas of ourierit file	giotorou rigorit		81 Name	0 1		
	AYAS, ARIEL				- - /	MONTE P. HENR		
910 WEST AVE.					82 Street Ag	ddress (P.O. Box Number is Not Acce	pteble)	
STE. 716 MIAMI BEACH FL 33179				-	B3	F 3/O N NO S NIVE	<u> </u>	
™	IIAMI DEAUN FL S	33179		L	i	Δ		
				1	B4 City	POMPANO BEACH	FL 85 Zip 33	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 arent, 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 Applied with and or the purpose of changing its registered agent. I am Applied with and or the purpose of changing its registered agent. I am Applied with a provision of the purpose of changing its registered agent. I am Applied with a purpose of changin								
agent. I am Aprillan from and activity to obligations of, Section 107.0505, Florida Statutes.								
SIGNATURE	11/1/11/	name of regulated act of and	IRES.	HON		MENIE / . equired when reinstating)	DATE	<u> </u>
12.	Signature, typica or priminis	OFFICERS AND DIF		13.	Agent algulatore re	ADDITIONS/CHANGES TO C		RS IN 12
TITLE			DELETE	1.1 111	.E		☐ Change	Addition
NAME	HENRY, MON	ITE		1.2 NAI	ME !			
STREET ADDRESS		AVENUE APT 4		1.3 STF	REET ADDRESS			
CITY-ST-ZIP		EACH FL 33062		1.4 CIT	Y-ST-ZIP			
TITLE			☐ DELETE	2.1 TIT			Change	Addition
NAME	•			2.2 NA	ME .			
STREET ADORESS				2.3 STF	REET ADDRESS			
CITY-ST-ZIP				2. 4 CI	IY-ST-ZIP			
TITLE			DELETE	3.1 TIT	LE		Change	Addition
NAME				3.2 NAI	ME			
STREET ADDRESS				3.3 STF	REET ADDRESS			
CITY-ST-ZIP				3.4. CII	ry-St-ZiP			
TITLE			DELETE	4.1 TIT	LE T		☐ Change	Addition
NAME				4. 2 NA	IME			
STREET ADDRESS				4.3 STF	REET ADDRESS			
CITY-ST-ZIP	-				Y-ST-ZIP			
TITLE			☐ DELETE	5.1 TIT	LE		Change	Addition
NAME				5.2 NAI	- 1			
STREET ADDRESS				5.3 STF	REET ADDRESS			
CITY-ST-ZIP					Y-ST-ZIP			1,1160
TITLE			DELETE	6.1 717			Change	☐ Addition
NAME				6.2 NAI				
STREET ADDRESS				6.3 STF	REET ADDRESS			
CITY-ST-ZIP	19		41		Y-ST-ZIP	C. C. W. 140 07/07/9 Fig. 21 C. 1	on I further goalfickless stee	Information
14. I hereby o	ceally that the inform	nation supplied with th	ns tiling goes not quality	for the exe	motion stated	in Section 119.07(3)(i), Florida Statuti	es. I turmer certity that the	antonnation

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 on an attacking or with an address.