FILED

Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90368 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9400007741**1. Entity Name

| MIDITECL | INTERNATIONAL II | NO. |
|--------------|------------------|-----|
| VIIDI LEC.EL | INTERNATIONAL II | VII |

Principal Place of Business 16011 S.W. 154 AVE MIAMI FL 33187 US

SIGNATURE

Mailing Address

16011 S.W. 154 AVE MIAMI FL 33187 US

| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| | |



DO NOT WRITE IN THIS SPACE

DATE

| City & State | | City & State | | | 4. FEI Number 65-046176 | 2 | Applied For Not Applical |
|--------------------------------|---------------------------------|-------------------------------|-----------------|---------------------|--|-------------|--------------------------------|
| Zip | Country | Zip | Cour | atry | 5. Certificate of Status Desired | | 8.75 Additional ee Required |
| (| 6. Name and Address of Cur | rent Registered Agent | | | 7. Name and Address of New R | egistered A | gent |
| MIRKI, T 16011 S MIAMI F | .W. 154 AVE | | | Name Street Addres | s (P.O. Box Number is Not Acceptable | 9) | |
| | | | | City | | FL | Zip Code |
| 8. The above nar | ned entity submits this stateme | ent for the purpose of changi | ing its registe | red office or regis | stered agent, or both, in the State of Flo | orida. | 1 |

| 9. | This corporation is eligible to satisfy its Intangible |
|----|--|
| | Tax filing requirement and elects to do so. |
| | |

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE, Registered Agent signature required when reinstating)

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

(See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TIFLE **DPT** De!ete MIRIKI, TITOE NAME STREET ADDRESS STREET ADDRESS 16011 S.W. 154 AVE CITY-ST-ZIP CITY-S1-ZIP MIAMI FL 33187 ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE Change ☐ Addition NAM5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

The Mull

TITOE

MIRIKI

4-16-01

305 251 1590

Date

Daythte Phone #