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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011678

Corporation Name

MIRO CLASSICS INC.

Principal Plac	ce of Business	Mailing Address						FI 17884 11818 W ILL	
16485 COLLINS	S AVE.	16485 COLLINS AVE.							
SUITE 4C		SUITE 4C				DO NOT IMPITE IN THE CRACE			
MIAMI BEACH FL 33160		MIAMI BEACH FL 33160			}	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						02/11/1994	tuameu ,	÷	
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21	Tace of Business	26				65-0467938			ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
22	,	27				5. Certifcate of Status De	sired		equired
City & Stat	te	City & State				6. Election Campaign Fin	encing /		May Be
23		28				Trust Fund Contribution	- W		to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes			
24	25	29	30			Personal Property Tax.	•	Yes	□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
		MESSON CO.		B1 N	Name		•		
COHEN, ABRAHAM				B2 S	Stroot Addres	ess (P.O. Box Number is Not Acceptable)			
	85 COLLINS AVE.		82 Street Addre			ss (F.O. BOX Number is Not.	Acceptable)		
	TE 4C		Ī	83				1616130	11174
MIAI	MI BEACH FL 33160				~ :/				
	•		['	84 C	City	. , , , , , , , , , , , , , , , , , , ,	FI	85 Zip	Code "
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stati	utes, the ab	ove-n	amed corpora	ation submits this statement	for the purpose of	f changing its	registered
office or r	registered agent, or both, in the State of	f Florida. Such change was	authorized	by the	e corporation'	's board of directors. I hereb	y accept the appo	ointment as re	egistered
i trione			londa Statut	00					
agent. I a	im familiar with, and accept the obligation	ons of; Section 607.0505, Fi	lorida Statut	es.				-	
SIGNATURE	am familiar with, and accept the obligate . Signature, typed or printed name of registered agent.			es.		rhen reinstating) + . *	DATE	<u>.</u>	
agent. I a	•	and title if applicable. (NO		es.		men reinstating). ADDITIONS/CHANGES		ND DIRECTO	DRS IN 12
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14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

SIGNATIVE REQUIRE

Jan 13-99 3059479080

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90028 019 ***155.00

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