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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P94000018663 (2) DOCUMENT # 1. Corporation Name

MICROSIDE CORP.

Principal Place of Business Mailing Address 6075 NW 82 AVE 6075 NW 82 AVE MIAMI FL 33166

## **FILED** Jan 29 1998 8:00am Secretary of State



ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

MIAMI FL 33166 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 03/10/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0474419 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 X Yes 25 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRANT, ROBERT E 8961 SW 124TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 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, 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.

13.

1.1 TITLE

(NOTE, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE TITLE GRANT, ROBERT E NAME 8961 SW 124TH ST STREET ADDRESS MIAMI FL

MARGARIDA A GRANT

8961 SW 124TH ST

**VPS** 

MIAMI FL

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

1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE

22 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP

☐ DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.1 TITLE

6.4 CITY-ST-ZIP

4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE

DELETE

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental amediated by the 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 corporation or the corporation or the corporation are appears in Block 12 or Block 13 if changed, the corporation attainment with a address.

Change Addition

Addition

Addition

Addition

Addition

Addition

Change

Change

Change

Change

Change

SIGNATURE:

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME