PLEASE READ	ALL INSTRUCTIO	NS BEFORE (OMPLETING	APPERDAM. DO INFO	
APPLICATION APPLICATION	FLORIDA DEPART Sandra B.	MENT OF STATE	`	位即 7000	
FOR	Secretary			a M R: 33	
HANGIATEMENT **	DIVISION OF CO	* * *		MAY -7 AM 8: 33	
DOCUMENT # P94-0	0000465		S	ECRETARY OF STATE ILLAHASSEE, FLORIDA	
Minmi Internation	AL AUTO BRO	Keris, Corp	177	Maker W. C. The	
		PONDTO			
1995-1997 AN		SFOR I	•		
	7905 NW 6				
	MIAMI FL	33166.			
If above addresses are incorrect in any year line there	web incorrect information and	enter correction below			
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	New Mailing Office Addr		Date Incorporated To Do Business in		
Suite, Apt #, etc.	Suite, Apt. #, etc.			JONE 11 19914.	
City & State	City & State		5. FEI Number	-049-7398 Applied For Not Applicable	
Zip Country	Žip T	Country	6.	\$8.75 Additional Fee required	
			CERTIFICATE OF S	for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida nonprofit	Street Address of Eac	n [
Title(s) and/or Directors	3 (Do I	Officer and/or Directo NOT Use Post Office Box		City / State / Zip	
President HATUEY CASAL	Mos		3166. Y	MIAMI FLORIDA 33166.	
			70 ć	00021819571	
				-U5/15/5/U1125U2 *******8.75 *******8.75	
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		· .		-05/16/9701123001	
			_	****565.UU ****565.UU	
		***************************************	+A	alan	
			a	11/27	
8. Name and Address of Current I	Registered Agent	Name	9. Name and Addre		õ
7905 NIV 6451				9) (I & C
MIAMI FC 33166.		Street Address (Name Street Address (P.O. Box Number is Not Acceptable) Suite Ant # Etc.		
Suite			Suite, Apt. #, Etc.		
	1	City .	<u></u>	State Zip Code	
10. I, being appointed the registered agent of the abo	ve named opropration, am tan	niliar with and accept the c	bligations of Section 60		
Signature of Registered Agent	GISTERED AGENT MUST S	,	SAL.	mpy-5-1997.	
11. Does this corporation pay a Dept. of Revenue under S.	ny intangible tax	to the	□ No⊠	(See other side for information on intangible tax.)	
12. I certify that I am an officer or director or the receive	······································		provided for in charter	ROY or 617 E.C. Lighter continues that when filling	
this reinstatement application, the reason for discovered by the corporation have been paid and their on this application is true and accurate, and my significant or the corporation of the corporation are perfectly as the corporation of the	lution has been eliminated, the ames of individuals listed on	e corporate name satisfies this form do not qualify for	the requirements of se- an exemption under se	ction 607.0401 or 617.0401, F.S., that all fees	
· Chall	11.	Λ	Δ	305-	
SIGNATURE: ////////////////////////////////////	USBUNA	HATIJEU	(LASAL)	305 - MAY-5-1997 592-7746 Date Davime Phone #	2.
	NTED NAME OF SIGNING OFFICE	ER OR DIRECTOR		Date Daytime Phone #	

	Brokers Opep.
. 7905 NW 64st.	4/29/97
MIAMP FL 33 166.	305-592-7746.
HATUEY CASAL	pg. 292
·	177- K. T.
Florida Department	OF Revenue. 8.
This letter 1sts Never Reach my location	o INFORM that my Anual Filling Fee. N. Do to the Fact that it was sent.
	ess. The correct Adress is the Following 8.
7905 NW 64st MIAMI	Florida 33166.
Juclosed Pleased flud	Check# 4508. In the Amount OF \$565,00.
To update my Anuals	Filling Fee.
•	•
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Mallna	
× Northwy Dary	
X MOHULL DOWN HATVEY CASAL / Preside	≫t.
X (MUHULL) DOWN HATVEY CASAL / Preside	»t
X (MUHUM) DOM HATUEY CASAL! / Preside	»t.
X MUHUM DOM HATVEY CASAL / Preside	»t.
X MUHUM DOWN HATVEY CASAL / Preside	»t
X MUHUM DOWN HATUEY CASIAL / Preside	»t.
XMUHULU DOWN HATVEY CASAL / Preside	≫t.
XMUHUUU DOWN HATVEY CASAL / Preside	»Jt.