

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000081485 (2)

1. Corporation Name

MIRCEA INC.



Principal Place of Business

Mailing Address

801 BRICKELL AVE  
24TH FLOOR  
MIAMI FL 33131

801 BRICKELL AVE  
24TH FLOOR  
MIAMI FL 33131

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 One S.E. 3rd Ave.

26 One S.E. 3rd Ave.

4. FEI Number

65-0537706

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27th Floor

27 27th Floor

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Miami, Florida

28 Miami, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip 33131

25 Country USA

29 Zip 33131

30 Country USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS ☒ DELETE

NAME SMULIAN, ANDREW  
STREET ADDRESS 801 BRICKELL AVE 24TH FL.  
CITY - ST - ZIP MIAMI FL 33131

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE C ☐ DELETE

NAME HODEL, ROBERT  
STREET ADDRESS 801 BRICKELL AVE 24TH FL.  
CITY - ST - ZIP MIAMI FL 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE P ☐ DELETE

NAME HODEL, ELISABETH  
STREET ADDRESS 801 BRICKELL AVE 24TH FL.  
CITY - ST - ZIP MIAMI FL 33131

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ST ☐ DELETE

NAME HODEL, ALEXANDER  
STREET ADDRESS 801 BRICKELL AVE 24TH FL.  
CITY - ST - ZIP MIAMI FL 33131

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 only as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Hodel, Chairman

Date

Daytime Phone #

3/5/96

CR2E034 (12/95)