

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000007822 (6)**

1. Corporation Name  
**MITOS VENTURES INC.**



Principal Place of Business <b>3020 S. COMBEE RD EATON PARK FL 33840 US</b>	Mailing Address <b>P. O. BOX 340 EATON PARK FL 33840-0340 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>01/30/1995</b>	3a. Date of Last Report <b>05/14/1996</b>
4. FEI Number <b>59-3300241</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MAYER, CHARLES R 5835 BARTOW RD S. LAKELAND FL 33813</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>PATEL, MAHESHKUMAR</b>
STREET ADDRESS	<b>1830 SANCHEZ AVE</b>
CITY - ST - ZIP	<b>LAKELAND FL</b>
TITLE	VPS <input type="checkbox"/> DELETE
NAME	<b>PATEL JAYANTKUMAR</b>
STREET ADDRESS	<b>2224 EAST MEADOWS COURT</b>
CITY - ST - ZIP	<b>LAKELAND FL</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>PATEL BHUPENDRA KUMAR</b>
STREET ADDRESS	<b>3205 SMOKE SIGNAL CR</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>PATEL BHUPENDRA KUMAR</b>
STREET ADDRESS	<b>3205 SMOKE SIGNAL DR</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>PATEL JYOTINDRAKUMAR</b>
STREET ADDRESS	<b>5185 WARRIOR LANE</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PATEL JAYANTKUMAR.</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TREASURER</b>
3.3 STREET ADDRESS	<b>PATEL VIRENDRAKUMAR</b>
3.4 CITY - ST - ZIP	<b>4920 TRADITION DRIVE LAKELAND FL 33813</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  **REQUIRED** Jan 22, 97 941-666-8440

CR2E034 (9/96)