

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 # P95000010309 (9)

1. Corporation Name
MIPA CORPORATE, INC.



Principal Place of Business: **2285 N.W. 21ST TERRACE MIAMI FL 33142**
Mailing Address: **2285 N.W. 21ST TERRACE MIAMI FL 33142**

3. Date Incorporated or Qualified: **02/07/1995**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **65-0553492**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Country: **29** Zip: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUNEZ, ALEJANDRO
6361 SUNSET DRIVE
SOUTH MIAMI FL 33143**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** 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 registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VANOSOSTE, EDUARDO	
STREET ADDRESS	365 N.E. 125TH ST. #409	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEINHARDT, MANUEL A	
STREET ADDRESS	5315 SYCAMORE CREEK DR.	
CITY-ST-ZIP	KINGWOOD TX 77345	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUAN, HUGO	
STREET ADDRESS	365 N.E. 125TH ST. #409	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Vice-President
2.3 STREET ADDRESS	F Vice-President
2.4 CITY-ST-ZIP	3 Mario Smuglovsky,
3.1 TITLE	N 811 Capri Street,
3.2 NAME	Coral Gables, Florida 33134
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	400001836104
5.3 STREET ADDRESS	-05/23/96--01012--006
5.4 CITY-ST-ZIP	***225.00
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 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 on an attachment with an address.

SIGNATURE: _____ DATE: **5/6/96** (305) **633-2211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DAYTIME PHONE # _____

CR2E034 (12/95)