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FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000010695 (1)

1. Corporation Name

THE MINE CORPORATION OF MIAMI



Principal Place of Business

1001 S. BAYSHORE DR
STE 2410
MIAMI FL 33131

Mailing Address

1001 S. BAYSHORE DR
STE 2410
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1995

4. FEI Number

APPLIED FOR 65-0776389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 96 CASTRO RAMIREZ, P.A.

22 1200 BRICKELL AVE, STE. 1400

23 MIAMI, FLORIDA

24 33131

25 U.S.A.

2a. Mailing Address

26 96 CASTRO RAMIREZ, P.A.

27 1200 BRICKELL AVE, STE. 1400

28 MIAMI, FL.

29 33131

30 U.S.A.

9. Name and Address of Current Registered Agent

CASTRO, CARLOS A ESO
1001 S. BAYSHORE DR
STE 2410
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

CASTRO, CARLOS A. ESO.

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

1200 BRICKELL AVENUE

83

SUITE 1400

84 City

MIAMI

FL

85 Zip Code

33131

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

TITLE PD ☐ DELETE

NAME MAZA, ARISTIDES
STREET ADDRESS 1001 S. BAYSHORE DR., STE 2410
CITY-ST-ZIP MIAMI FL 33131

TITLE VSD ☐ DELETE

NAME MAZA, OCTAVIO
STREET ADDRESS 1001 S. BAYSHORE DR., STE 2410
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME MAZA, ARISTIDES JR.
STREET ADDRESS 1001 S. BAYSHORE DR., STE 2410
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1200 BRICKELL AVENUE, STE. 1400

1.4 CITY-ST-ZIP MIAMI, FL. 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1200 BRICKELL AVENUE, STE. 1400

2.4 CITY-ST-ZIP MIAMI, FL. 33131

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1200 BRICKELL AVENUE, STE. 1400

3.4 CITY-ST-ZIP MIAMI, FL. 33131

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 amendment with an address.

SIGNATURE 1 OCTAVIO MAZA OCTAVIO 4/13/98 540 9512553

CR2E034 (10/97)