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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000020522 (5)

**DOCUMENT #** 

MIC VIC CORP.

Principal Place of Business Mailing Address 6361 S.W. 40TH STREET



MIAMI FL 331		MIAMI FL 33155								
•	-					3. Date Incorporated or Qualified 03/14/1995	3a. Date o	f Last f	Report	
2. Principal Plac	2a. Mailing Address	illing Address			4. FEI Number			Applied For		
21		26	26			65-0652222		: ـــــــــ	Not Applicable	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	5 Additional Required		
City & State		City & State	a ·			Election Campaign Financing Trust Fund Contribution				
Zip	Country	7ip	Co	untry		8. This corporation has liability for i	intangible tax	under :	s 199.032,	
24]	25	29	30				□ No			
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered A	gent		
				81	Name					
ANGULO	, ana m			82	Street Add	ress (P.O. Box Number is Not Acceptab	vie)			
2151 SOUTH LEJEUNE RD.										
SUITE 3				83						
CORAL GABLES FL 33134				84	City			85 4	Zip Code	
					'	ration submits this statement for the purard of directors. I hereby accept the app	FL.			
SIGNATURE	Signature: typed or printed name of registered agen	nt and title if applicable. (N	OTE Registere	ed Ager		ed when reinstating)	DATE			
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFF		Change		
THILE	D	☐ DELETE		TITLE	ļ		L_	Change	L Node-on	
NAME	WOHL, MICHAEL D			NAME						
STHEET ADDRESS	2665 SOUTH BAYSHORE D			13 STREET ADDRESS						
CITY-ST-ZIP	COCONUT GROVE FL 3313	JS DELETE			ST-ZIP		<del>_</del>	Change	Addition	
THILF				2 1 TITLE 22 NAME			_	i ourne		
NAME	ANGULO, VICTOR			2.3 STREET ADDRESS						
STREET ADDRESS	6361 S.W. 40TH STREET				ST-ZIP					
GITY-ST-712 TITLE	MIAMI FL 33155	T DELETE		TITLE				Chança	Addition	
NAME		<u></u>		NAME						
STHEFT ADDRESS					1 ADDRESS					
CITY - ST - ZIP			3.4	CITY -	S1-ZIP					
TITLE		☐ DELETE	4. 1	TITLE				<b>)</b> Chang	e 🔲 Addition	
NAME			4.2	NAME	Ì					
STREET ADDRESS			4.3	STREE	T ADDRESS					
CITY-S1-ZIP			4.4	рлү-	ST - ZIP					
THLE		☐ DELETE	5	TITLE				] Chang	e 🔲 Addition	
NAME			52	NAME						
STREET ADDRESS			5.3	STREE	T ADDRESS					
C1TY - ST - 7/P				-	ST-ZIP			1.05.	. ED Addition	
TI'LE		☐ DELETE	- 1	1 TITLE			L	] Chang	e	
NAME				NAME	1					
STHEET ADDRESS					T ADDRESS					
CITY-ST-ZIP	·	d with this films in valuatable for			ST-ZIP	for the exemption stated in Section 119	N D 710) (1) E1.			

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 furner 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 certify 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

705-858-9450