

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 # **PAE0000022189**
1. Corporation Name

MIRB ENGINEERING USA INC.

Principal Place of Business: **458 NE 211 TER NMB FL 33179**
Mailing Address

2. Principal Place of Business
21 **458 NE 211 TER**
Suite, Apt. #, etc.
22
City & State: **NMB FL**
Zip: **33179**
Country: **DADE**
23
24
25
26 **458 NE 211 TER**
Suite, Apt. #, etc.
27
City & State: **NMB FL**
Zip: **33179**
Country: **DADE**
28
29
30

3. Date Incorporated or Qualified
3a. Date of Last Report
4. FEI Number: **65-0560985**
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

9. Name and Address of Current Registered Agent
Y
10. Name and Address of New Registered Agent
81 Name: **YOAV MEIR**
82 Street Address (P.O. Box Number is Not Acceptable): **458 NE 211 TER**
83
84 City: **NMB** FL 85 Zip Code: **33179**

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: **YOAV MEIR**
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: PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: YOAV MEIR	1.2 NAME
STREET ADDRESS: 458 NE 211 TER	1.3 STREET ADDRESS	CITY-ST-ZIP: NMB FL 33179	1.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	2.2 NAME
STREET ADDRESS:	2.3 STREET ADDRESS	CITY-ST-ZIP:	2.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	3.2 NAME
STREET ADDRESS:	3.3 STREET ADDRESS	CITY-ST-ZIP:	3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	4.2 NAME
STREET ADDRESS:	4.3 STREET ADDRESS	CITY-ST-ZIP:	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	5.2 NAME
STREET ADDRESS:	5.3 STREET ADDRESS	CITY-ST-ZIP:	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	6.2 NAME
STREET ADDRESS:	6.3 STREET ADDRESS	CITY-ST-ZIP:	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: **YOAV MEIR** 5-24-96 (305) 656 5388
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (12/95)