FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000025070 (0)**

1. Corporation Name

MIRAGE HOLDINGS, INC.

Principal Place of Business	Mailing Address
C/O MIAMI CORPORATE SYSTEMS 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126	C/O MIAMI CORPORATE SYSTEMS 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Nicolas Fernandez, P.A.	Suite 27 Nicolas Fernandez, P.A.
City & County 23 Gables International Plaza	City & County 28 2655 Le Jeune Road
2655 Le Jeune Road	Penthouse 1-D
Zip County 24 Penthouse 1-D 25 Coral Gables, FL 33134	Zip County 29 Coral Gables, FL 33134 30

3. Date Incorporated or Qualified	3a. Date of Last Report
03/27/1995	

4. FEI Number	☑ 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

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: ESQUIRE CORPORATE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2655 LEJEUNE ROAD, PH-1D
83
84 City: CORAL GABLES, FL 85 Zip Code: 33134

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] Pres. DATE: 4.22.96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUMONT, CHARLES J P.O. BOX 1409-OLD PARHAM ROAD ST. JOHN'S, ANTIGUA ANTILLES	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUMONT, GEORGETTE P.O. BOX 1409-OLD PARHAM ROAD ST. JOHN'S, ANTIGUA ANTILLES	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 700001797587 -04/29/96--01022--023 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: [signature] - CHARLES DUMONT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 08, 1996 / 305-8938255
Date / Daytime Phone Number