

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE r. Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000025070 (0)**

1. Corporation Name
MIRAGE HOLDINGS, INC.



Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 2655 LE JEUNE RD PH -1D CORAL GABLES FL 33134	Mailing Address C/O NICOLAS FERNANDEZ, P.A. 2655 LE JEUNE RD PH -1D CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O Marquez & Fernandez, PA		2a. Mailing Address 26 782 NW Le Jeune Road		3. Date Incorporated or Qualified 03/27/1995	
Suite, Apt. #, etc. 22 # 548		Suite, Apt. #, etc. 27 # 548		4. FEI Number 65-0746003	
City & State 23 Miami, FL		City & State 28 Miami, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33126		Zip 29 33126		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 2655 LEJEUNE RD PH-1D CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81 Name Esquire Corporate Services, Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable) 782 NW Le Jeune Road # 548			
				83			
				84 City Miami			
				85 Zip Code FL 33126			

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUMONT, CHARLES J			1.2 NAME			
STREET ADDRESS	P.O. BOX 1409-OLD PARHAM ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. JOHN'S, ANTIGUA ANTILLES			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUMONT, GEORGETTE			2.2 NAME			
STREET ADDRESS	P.O. BOX 1409-OLD PARHAM ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. JOHN'S, ANTIGUA ANTILLES			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 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 attachment with an address.

SIGNATURE

[Signature]

CHARLES J DUMONT

2-26-98

CR2E034 (10/97)