

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90012 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025070

1. Corporation Name
MIRAGE HOLDINGS, INC.



Principal Place of Business
C/O MARQUEZ & FERNANDEZ, PA
#548
MIAMI FL 33126
US

Mailing Address
782 NW LE JEUNE RD
548
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
a/o Nicolas Fernandez, P.A.
Suite, Apt. #, etc.
780 NW LeJeune Rd Ste 324
City & State
Miami, Florida
Zip
33126
Country
USA

2a. Mailing Address
780 NW LeJeune Rd
Suite, Apt. #, etc.
Suite 324
City & State
Miami, Florida
Zip
33126
Country
USA

3. Date Incorporated or Qualified
03/27/1995

4. FEI Number
65-0746003

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
782 NW LE JEUNE RD
#548
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)
780 NW LeJeune Rd Ste 324
83
84 City
Miami FL 85 Zip Code
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
Artez Fernandez

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUMONT, CHARLES J	
STREET ADDRESS	P.O. BOX 1409-OLD PARHAM ROAD	
CITY-ST-ZIP	ST. JOHN'S, ANTIGUA ANTILLES	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUMONT, GEORGETTE	
STREET ADDRESS	P.O. BOX 1409-OLD PARHAM ROAD	
CITY-ST-ZIP	ST. JOHN'S, ANTIGUA ANTILLES	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES DUMONT

Date

Daytime Phone #