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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # **P95000028120 (0)**

1. Corporation Name

MICRO PHI, CORP.

Principal Place of Business	Mailing Address
19010 NW 57 AVE SUITE 211 MIAMI FL 33015	19010 NW 57 AVE SUITE 211 MIAMI FL 33015

2. Principal Place of Business	2a. Mailing Address
21 2360 W. 68 ST	26 SAME AS NO 2
22 Suite, Apt. #, etc. SUITES 110 & 111	27 Suite, Apt. #, etc.
23 City & State HIALEAH, FL	28 City & State
24 Zip 33016 / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified 04/10/1995	3a. Date of Last Report
4. FEI Number 65-0452942	☐ 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

HINESTROSA, ELSA
19010 NW 57 AVE
SUITE 211
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name HINESTROSA, ELSA
82 Street Address (P.O. Box Number is Not Acceptable) 2360 W. 68 ST
83 SUITES 110 & 111
84 City HIALEAH FL 85 Zip Code 33016

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST HINESTROSA, ELSA 19010 NW 57 AVE SUITE 211 MIAMI FL 33015	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PVST HINESTROSA, ELSA 2360 W 68 ST - SUITES 110-111 HIALEAH, FL 33016 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINESTROSA, ELSA 19010 NW 57 AVE SUITE 211 MIAMI FL 33015	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D HINESTROSA, ELSA 2360 W. 68 ST - SUITES 110-111 HIALEAH, FL 33016 ☑ 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
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)(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: Elsa C Hinestrosa (305) 542-2567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #