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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1997 8:00am

Secretary of State

22/97 305-956-9116

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028362 (8)

MIRAGE FINANCIAL SERVICES, INC.

••••									
Principal Place	of Business	Mailing Address	Mailing Address				BRAID (1951 18	100 ±1110 01110	
3565 NW 163RD N. MIAMI BEAC) STREET H FL 33160	3585 NW 163RD STREET N. MIAMI BEACH FL 3316	3585 NW 183RO STREET N. MIAMI BEACH FL 33180-4101						
						3. Date incorporated or Qualified 04/10/1995		of Last Re 5/1996	eport
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				65-0573239			t Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	─			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
7 _(p)	Country	Zip	Country			8. This corporation has liability for in	ntangible ta		
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	pistered A	gent	
FLO	MAN, MARK			81	Name				
	NW 163RD STREET		82 Street Add			ess (P.O. Box Number is Not Acceptab	le)		
N. M	IAMI BEACH FL 33160		83						***********
				84	City			85 Zip (Code
					-		FL		
office or re agent. Lar	⇔ the provisions of Sections 607.050 egistered agont, or both, in the State in familiar with, and accept the obliging.	of Florida. Such change was	authorized	d by	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of c I the ap po	manging it intment a s	s registered registered
SIGNATURE .	Stipharize is post or pruted name of registered age	ent and title if applicable (NO	TE Registered	d Age	ni signature requir	ed when reinstaling)	DAYE		***********
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PTD	☐ DELETE	1.3 Ti	TLE			[Change	Addition
NAME	FLOMAN, MARK		1.2 N/	AME					
STREET ADDRESS	3565 NW 163RD STREET		1.3 \$1	TREET	ADDRESS				
CH r · S1-7IP	N. MIAMI BEACH FL 33160		1.4 CI		T-ZIP			T 05	A della con
TITLE	SD	L DELETE	2.1 TI				L	Change	☐ Addition
NAME	AVERSANO, MICHAEL D		2.2 NAME						·
STREET ALDRESS	3565 NW 163RD STREET		2.3 STREET AD 2. 4 CITY - ST-		· ·				
CITY-ST ZIP	N. MIAMI BEACH FL 33160			TLE	51 - ZIP			Change	Addition
THE		المام والمام والمام	3.2 N/			·	•		
STREET ADORESS					ADDRESS				
CITA- ST-79			I		51 - ZIP				
Tille		☐ DELETE	4.1 T)				Ţ	Change	Addition Addition
NAME			4. 2 N	IAMÉ					
STREET ADDRESS			4.3 S1	TREET	ADDRESS				
CHY-ST-Zir			4.4 C	ITY-S	7-ZIP				
TILE		DELETE	5.1 TI	ITLE	-		[Change	Addition
NAM:			52 N	AME					
STREET ADORESS			5.3 51	TAEET	ADDRESS				
CHY-SI 7		The exe		fTY · S	T-ZIP			Change	Addition
THEF		DELETE	61 Tt				· ·	Change	Addition
NAMI			62 N						
STREET ACORESS					ADDRESS				
0 *Y-\$1-7 2 14 1 do borot	ny cartifu that the information supplies	of with this filing does not are		ITY-S		d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
informatio	ri individual on this annual toport or t	cunniemental annual report is	true and :	acc.	ire exand that	t my signature shall have the same legant as required by Chapter 607, Florida S	l effect as	it made un	ider oath: that
appears i	n Block 12 or Block 13 if chariged, o	r on an attachment will all	100		P	.//			

TED NAME OF SIGNING OFFICER OR DIRECTOR