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 # P95000030667

1. Corporation Name: MIG/TEXAS, INC.

Principal Place of Business	Mailing Address
250 AUSTRALIAN AVE. S. #400 WEST PALM BEACH, FL 33401	250 AUSTRALIAN AVE S. #400 WEST PALM BEACH, FL 33401

3. Date Incorporated or Qualified: 4/19/95
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0604736 ☐ 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

10. Name and Address of New Registered Agent

81 Name: ROBERT E. KENDALL
82 Street Address (P.O. Box Number is Not Acceptable): 250 AUSTRALIAN AVE. S. #400
83:
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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] DATE: 3/6/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LARRY E. WRIGHT	12 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE S. #400	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	14 CITY-ST-ZIP	
TITLE	V/T/D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	EDWIN B. WAAMAN	22 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE S. #400	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	24 CITY-ST-ZIP	
TITLE	V ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	THOMAS C. TRIMBLE	32 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE. S. #400	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401	34 CITY-ST-ZIP	
TITLE	S ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	KATHLEEN L. GUTIN	42 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE. S. #400	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401	44 CITY-ST-ZIP	
TITLE	D ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	JAMES A. COTÉ	52 NAME	300001740913
STREET ADDRESS	250 AUSTRALIAN AVE. So. #400	53 STREET ADDRESS	-03/13/96--01025--030
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	54 CITY-ST-ZIP	***208.75
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

3-12-96

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: X [signature] 3/6/96 (407) 820-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KATHLEEN L. GUTIN, SECRETARY