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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000035178 (9)

MI CASA, INC.

## **FILED** May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						<u> </u>
7900 GLADES RD. 7900 GLADES RD. SUITE 420 SUITE 420 BOCA RATON FL 33434 BOCA RATON FL 33434					DO NOT WRITE IN TI	HIS SPACE
BOOK HICH IE 33434					3. Date Incorporated or Qualified	
					05/04/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite. Apt. # etc.					65-0580078	Not Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip Cou		Count	у	8. This corporation owes or has paid the	
24	25 29 30		30		Personal Property Tax due June 30. Yes XNo	
<u> </u>	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	red Agent
TOPPEL, MICHAEL			81	Name		
7900 GLADES RAOD			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
STE 420			-			
BO	ICA RATON FL 33434		83	1		
			84	City		85 Zip Code
	10 00 000	10074500 5: 11.6				-1_     '
	registered agent, or both, in the State in familiar with, and accept the oblig	i di monda, such chande was a	autnorizad r	v ine corporai	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agr			ent signature requi	red when reinslating) DAT	11
12.	OFFICERS AN	<del></del>	13.	···-	ADDITIONS/CHANGES TO OFFICERS	
	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME AXDEET ADADGGG	TOPPEL, HAROLD		1.2 NAME			;
STREET ADDRESS	TOTAL CENTER HOLD OVE 150		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			1.4 CITY-	ST-ZIP		
NAME	VPD	□ perese	21 TITLE			Change Addition
STREET ADDRESS	1 - 1		2 2 NAME			
CITY-ST-ZIP	7900 GLADES ROAD STE 420 BOCA RATON FL			T ADDRESS		
TITLE	STD DELETE		2. 4 CITY - 3.1 TITLE	SI-ZIP		Change Addition
NAME			3.1 MILE			L_I Change L_I Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-			
TITLE	<u></u>	☐ DELETE	4.1 TITLE	V. En		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	<b>⋠</b>		4.4 CITY-:			
TITLE	DOLLAR		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 3	ST-ZIP		
TITLE			6.1 TITLE			Change Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	IT - ZIP		
14 I hereby c	ertify that the information europload wi	th this filing does not muchly for	r the evene	A	Destinated 07(0)() First-Indian Indian	

Increase permy 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 roceiver 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.