

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90021 037 ***150.00

DOCUMENT # P95000036362

1. Corporation Name
MIRO INVESTMENT, INC.

Principal Place of Business
12670 SW 8 STREET
MIAMI FL 33184

Mailing Address
12670 SW 8 STREET
MIAMI FL 33184



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 12670 SW 8th St. | | 05/09/1995 | |
| 22 City & State | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 Zip | | 28 Miami Florida | | 65-0579233 | |
| 24 Country | | 29 33184 | | Applied For | |
| | | 30 DADE | | Not Applicable | |
| 9. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired | |
| MEJIAS, OMAR | | | | 8.75 Additional Fee Required | |
| 12670 SW 8TH ST | | | | 6. Election Campaign Financing | |
| MIAMI FL 33184 | | | | Trust Fund Contribution | |
| | | | | 5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| | | | | Yes No | |

| | |
|---|----------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | PTD | 1.1 TITLE | |
| NAME | MIRO, HUMBERTO F | 1.2 NAME | |
| STREET ADDRESS | 2055 S.W. 122ND AVE., #526 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | 1.4 CITY-ST-ZIP | |
| TITLE | VSD | 2.1 TITLE | |
| NAME | MEJIAS, OMAR | 2.2 NAME | |
| STREET ADDRESS | 2055 S.W. 122ND AVE., #526 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

SIGNATURE REQUIRED

04/16/99

305 2279604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)