

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

**APPROVED
AND
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1997 SEP 29 AM 9: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000041081 (7)

1. Corporation Name
MI TIERRA IMPORTS, INC.



Principal Place of Business 819 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901 US	Mailing Address 819 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901-4768 US
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3. Date Incorporated or Qualified 05/24/1995	3a. Date of Last Report 02/12/1996
4. FEI Number 59-3319097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 725 Spring Lake Drive Suite, Apt. #, etc.	2a. Mailing Address 26 819 East Strawbridge Ave 725 Spring Lake Dr Suite, Apt. #, etc.
22 Melbourne, FL City & State	27 Melbourne, FL City & State
23 32940 Zip	28
24 USA Country	29 32940 30 U.S.A. Zip Country

9. Name and Address of Current Registered Agent

**DOMINGUEZ, ELLEN A
725 SPRING LAKE DRIVE
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 typed or printed name of the registered agent and title if applicable) (NOT Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, ELLEN A	
STREET ADDRESS	725 SPRING LAKE DRIVE	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, FELIPE E	
STREET ADDRESS	725 SPRING LAKE DRIVE	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **600002308816-17**

12 NAME **--10/01/97--01077--011**

13 STREET ADDRESS ******550.00 ****550.00**

14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Handwritten signature: 725 Spring Lake Dr 32940

14. I do 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.

SIGNATURE _____

CR2E034 (9/96)