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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000046561 (3) DOCUMENT #

MIRAMAR SERVICE CENTER, INC.

Principal Place of Business

Mailing Address

FILED Feb 23 1998 8:00am Secretary of State



10776 TEA OLI BOCA RATON		10776 TEA OLIVE LANE	10776 TEA OLIVE LANE BOCA RATON FL 33498						
BOOM BATON	rl 33430	DOOM INTONITE 30980	BOOK HATON FE 33490		DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qualified 06/12/1995 			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26				65-0594825	A A A A	t Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	7			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	<u> </u>	City & State	¬			Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees		
23] Zip	Country	Zip	Country			8. This corporation owes or has paid the o			
24	25	29	30			Personal Property Tax due June 30.] No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent		
SUAREZ, JOSE MARIO				81 Name					
1077	76 TEA OLIVE LANE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
BOC	CA RATON FL 33498			83					
				84	City		. 85 Zip (Code	
					-	F	L []		
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 Storature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered in OFFICERS A	agent and title if applicable (NO:	11. Registere	d Agent	signature rec	ADDITIONS/CHANGES TO OFFICERS A		S IN 12	
12. TITLE	D	DELETE	1.1 Tr	TLE	П.,	ADDITIONO, OF BUILDING	Change	Addition	
NAME	SUAREZ, JOSE MARIO		1,2 N						
STREET ADDRESS	10776 TEA OLIVE LANE	1.3		TREET AL	DORESS				
CITY-ST-ZIP	BOCA RATON FL 33498	TON FL 33498		ITY-ST-	ZIP			ľ	
TITLE	DELETE 2.1 To		TLE			Change	☐ Addition		
NAME			2.2 N/						
STREET ADDRESS	235		TREET AL	DORESS					
CITY-ST-ZIP	2.4		2.40	HTY-ST-	ZIP				
TITLE		☐ DELETE	3.1 TO	TLE			L Change	Addition	
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 ST	freet al	DDRESS				
CITY-ST-ZIP				ITY-ST-	ZIP		100	1 (449)	
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NAME			4. 2 N					[
STREET ADDRESS				TREET AL					
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NAME			5.2 N		200500				
STREET ADDRESS				TREET AL					
CITY-ST-ZIP		DELETÉ	5.4 CI 6.1 TI	TY-ST-	ZIP		Change	Addition	
TITLE		المان المان	6.2 N				- Sumay		
NAME STREET ADDRESS					nneess				
STREET ADDRESS			6.3 STREET ADDRESS					}	
CITY-ST-ZIP			0.4 U	111-51-	¢1F				

14. Thereby 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 affact ment with an address.