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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057296 (2)

MI-JUL-MAR, INC.

STREET ADDRESS

CITY - ST - ZIP

Principal Place of Business Mailing Address 5187 NORTHWEST 26TH CIRCLE 5187 NORTHWEST 26TH CIRCLE **BOCA RATON FL 33496-2218 BOCA RATON FL 33496** 3. Date incorporated or Qualified 3a. Date of Last Report 07/25/1995 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0601032 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П Added to Fees 28 Trust Fund Contribution $Z_{\rm ID}$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Bí THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Name 343 ALMERIA AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 65 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 lamit ar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatine, type dio, printed name of registered agent and title if applicable. (NOTE: Registered Agent a gnature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE TOLL 1.1 TOTLE HACHIKIAN, MARLENE D NAME 1.2 NAME 5187 NORTHWEST 26TH CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** 1.4 CITY-ST-ZIP DITY-ST-ZIP DVS □ DELETE Change Addition TITLE 2.1 TITLE HACHIKIAN, MICHAEL P NAM: 2.2 NAME 5187 NORTHWEST 26TH CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-SI-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TILLE NAME 4. 2 NAME STREET ADOPESS 4.3 STREET ADDRESS CITY - \$1 - 7/P 4.4 CITY-ST-ZIP DELETE TIFLE 5 1 TITLE ___ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIF 5.4 CITY-ST-7IP □ D€L€YE 6.1 TITLE Addition NAME 6.2 NAME

14. I do hereby certly 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:

| ACHICIAN AND TYPES DESIGNED AND TYPES DESIGNED AND TYPES OF PREFERS OF PREFERS

6.3 \$TREET ADDRESS

64 CITY-ST-7IP