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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

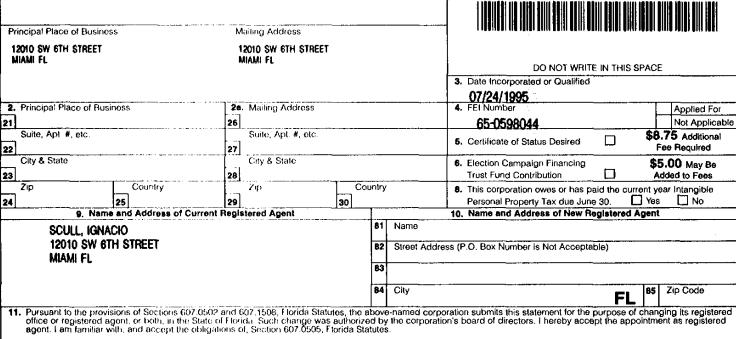
Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000057595 (7)

M.I.S. PLANNING AND DRAFTING CORP.

| Principal Place of Business | Mailing Address     |  |  |
|-----------------------------|---------------------|--|--|
| 12010 SW 6TH STREET         | 12010 SW 6TH STREET |  |  |
| MIAMI FL                    | MIAMI FL            |  |  |

## **FILED** Mar 06 1998 8:00am Secretary of State



| SIGNATURE      | Signature, typed or printed native of registerest a jest and title It applicable. | (NOTE: Registere | nluper erulangia tregA be |   |
|----------------|---|------------------|---------------------------|---|
| 12.            | OFFICERS AND DIRECTORS  | 13.              |                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE          | D DE  | ELETE 1.1 T      | TITLE                     | ☐ Change ☐ Add                                    |
| NAME           | SCULL, IGNACIO  | 1.2 N            | NAME                      |   |
| STREET ADDRESS | 12010 SW 6TH STREET   | 1.3 5            | STHEET ADDRESS            |   |
| CITY-ST-ZIP    | MIAMI FL  | 140              | CITY-ST-ZIP               |   |
| TITLE          | DE  | ELETE 2.1 T      | TITLE                     | Change Add  |
| NAME           |   | 221              | IAME                      |   |
| STREET ADDRESS |   | 235              | STREET ADDRESS            |   |
| CITY-ST-ZIP    |   | 2.40             | CITY-ST-ZIP               |   |
| TITLE          | Di  | ELETE 3.1 T      | ITLE                      | Change Add  |
| NAME           |   | 3.2 M            | NAME                      |   |
| STREET ADDRESS |   | 3.3 9            | STREET ADDRESS            |   |
| CITY-SY-ZIP    |   |                  | City-S1-ZIP               |   |
| TITLE          |   | ELETE 4.1 T      | IITLE                     | Change Add  |
| NAME           |   | 4. 2 1           | NAME                      |   |
| STREET ADDRESS |   | 4.3 \$           | STREET ADDRESS            |   |
| CITY-ST-ZIP    |   | 4.4 0            | CITY-ST-ZIP               |   |
| TITLE          | DE  | ELETE 5.11       | TITLE                     | Change Add  |
| NAME           |   | 5.2 N            | IAME                      |   |
| STREET ADDRESS |   | 5.3 \$           | STREET ADDRESS            |   |
| CITY-ST-ZIP    |   |                  | CITY-ST-ZIP               |   |
| TITLE          | DE  | ELETE 6.1 T      | TITLE                     | ☐ Change ☐ Add                                    |
| NAME           |   | 6.2 M            | NAME                      |   |
| STREET ADDRESS |   | 6.3 5            | STREET ADDRESS            |   |
| CITY ST. 2ID   |   | 6.10             | שול . זיי עדור            |   |

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 supplicemental 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 direction of the corporation or the poserver 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 application with an addyces.

SIGNATURE:

3-1-98

(301) 221-3970