SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Size

DOCUMENT # P95000067275 (4)

MITZIA ENTERPRISES CO. Principal Place of Business Mailing Address 1016-10TH WAY 3911 JOG RD **GREEN ACRES FL 33467** WEST PLAM BEACH FL 83407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1995 Applied For 2. Principal Place of Business 4. FEI Number SIM 65-0605859 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EDERY, OINDY 1016 10TH WAY **WEST PALM BEACH FL 33407** 84 City 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 name of registered agent and title if applicable Signature, typed or p (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE **PSTD** 1.1 TITLE DELETE Change Addition NAME EDERY, TUNG 1.2 NAME 1016 10TH WAY STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ___ Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE Change DELETE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4,4 CITY-ST-ZIP 5.1 TITLE DELETE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITI ₽ DELETE NAME 6.2 NAME

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 any attachment with an address.

6.3 STREET ADDRESS

CNATURE: SVANCVOREREQUIRED

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (5/98)

79866 9839115

FILED

Sep 03 1998 8:00am

Secretary of State