FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SHAPE

FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUI 1. Corporation	MENT # P95	000069558 (1)	
MIRA	J, INC.			# 16 1/16 1/16 1/16 16 16 16 16 16 16 16 16 16 16 16 16 1
Principal Place of Business Mailing Address				. saariage ten beier auren anter abeter anter alten anten atten atten atten
2525 NW 2ND AVE 2525 NW 2ND AVE MIAMI FL 33127 MIAMI FL 33127				
				3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
	Suite, Apt. #, etc. Suite, Apt. #, etc.			¢9.75
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
	9. Name and Address of Cu	[29] rrent Registered Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
			81 Nam	
	MAHESH INV 2010, AVE		82 Stree	et Address (P.O. Box Number is Not Acceptable)
2525 NW 2ND AVE MIAMI FL 33127			83	
			84 City	■ 85 Zip Code
11 Durament to	the projector of Cook are COZ O	500 007 4500 Fb 14 0		
OF IGNISTER	DU AUCHT. DI DUTH IN BIE STATE DI F	502 and 607.1508, Florida Statutes Porida. Such change was authorized Section 607.0505, Florida Statutes.	s, the above-named d by the corporation	corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	- hed	· havely	SHAM	4. 22.96
12.	Signature yout or printed name of registered a	gent and title if applicable (NOTE AND DIRECTORS	Registered Agent signatur	e required when reinstating) DATE
T TLF	PTD	DELETE DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SHAH, MAHESH		1.2 NAME	
STREET ADDRESS	980 NE 170 ST #112 NO MIAMI BEACH FL 33	182	1 3 STREET ADDRESS	5
TITLE	VSD	DELETE	14 CITY-ST-ZIP 2 1 TITLE	☐ Change ☐ Addition
NAME	SHAH, PRITI M	•	2 2 NAME	C Starge C 145mol
STREET ADDRESS	980 NE 170 ST #112	1400	2 3 STREET ADDRESS	5
CITY-ST-ZIP TITLE	NO MIAMI BEACH FL 33	DELETE	3 1 TITLE	Change Addition
NAM:			3.2 NAME	Change [] Addition
STREET ADDRESS			3.3 STREET ADDRES	s
C-TY - SI - ZIP TITLE		DELETE	34 CHY-ST-ZIP	
NAME			4.1 TITLE 4.2 NAME	Change Addition
STHEET ADDRESS			4.3 STREET ADDRESS	
C-TY-S1-7IP			4.4 CITY - ST - 7IP	
TITLE NAME		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME .			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	1
CITY-ST-ZIP	certify that the information supplies	ad with this filing is valuated to the	64 CITY-ST-ZIP	ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
oath; that I	am an officer or director of the co		Freport is true and a propowered to exec	adily for the exemption stated in section 1.1927(3)(k), Florida Statules. I further accurate and that my signature shall have the same logal effect as if made under ute this report as required by Chapter 607, Florida Statutes; and that my name

4-22-96 Contro Proce 1