

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

FILED

May 08 1997 8:00am  
Secretary of State

|                                                                                                                                   |                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b><br> | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortimer</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT #</b><br>1. Corporation Name<br><b>Mitu Enterprises, Inc.</b>                                                         |                                                                                                                   |

|                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| Principal Place of Business                 | Mailing Address                             |
| 189 Edgewater Dr.<br>Coral Gables, FL 33133 | 189 Edgewater Dr.<br>Coral Gables, FL 33133 |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |

|                                                                                                                                                  |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br>09-12-1995                                                                                                  | 3a. Date of Last Report        |
| 4. FEI Number<br>65-0636283                                                                                                                      | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|                                                                                                 |  |
|-------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                                 |  |
| Marder, Mark, A.<br>9100 S. Dadeland Blvd.<br>One Datan Center<br>Suite 1001<br>Miami, FL 33156 |  |

|                                                       |                          |
|-------------------------------------------------------|--------------------------|
| 10. Name and Address of New Registered Agent          |                          |
| 81 Name                                               | Sofia Powell-Cosio, P.A. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1390 Brickell Ave.       |
| 83 Suite                                              | Suite 200                |
| 84 City                                               | Miami                    |
| 85 State                                              | FL                       |
| 86 Zip Code                                           | 33131                    |

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 Sofia Powell-Cosio DATE 5-18-97

| 12. OFFICERS AND DIRECTORS |                        |
|----------------------------|------------------------|
| TITLE                      | DPT                    |
| NAME                       | Milone, Gustavo, F.    |
| STREET ADDRESS             | 189 Edgewater Dr.      |
| CITY-ST-ZIP                | Coral Gables, FL 33133 |
| TITLE                      | DVS                    |
| NAME                       | Turchetti, Laura, C.   |
| STREET ADDRESS             | 189 Edgewater Dr.      |
| CITY-ST-ZIP                | Coral Gables, FL 33133 |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY-ST-ZIP                |                        |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY-ST-ZIP                |                        |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY-ST-ZIP                |                        |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME                                               |                                                                   |
| 13 STREET ADDRESS                                     |                                                                   |
| 14 CITY-ST-ZIP                                        |                                                                   |
| 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME                                               |                                                                   |
| 23 STREET ADDRESS                                     |                                                                   |
| 24 CITY-ST-ZIP                                        |                                                                   |
| 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME                                               |                                                                   |
| 33 STREET ADDRESS                                     |                                                                   |
| 34 CITY-ST-ZIP                                        |                                                                   |
| 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME                                               |                                                                   |
| 43 STREET ADDRESS                                     |                                                                   |
| 44 CITY-ST-ZIP                                        |                                                                   |
| 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME                                               |                                                                   |
| 53 STREET ADDRESS                                     |                                                                   |
| 54 CITY-ST-ZIP                                        |                                                                   |
| 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME                                               |                                                                   |
| 63 STREET ADDRESS                                     |                                                                   |
| 64 CITY-ST-ZIP                                        |                                                                   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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 otherwise authorized 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: \_\_\_\_\_ DATE: \_\_\_\_\_