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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1997	The state of the s	DIVISION OF CO	ORPORATIONS	Secret	ary of State
DOCUMENT #	P 950000	70833		7	
1. Corporation Name	=				
MIKEY	ROSE INC	<i>-</i> •			
	·				
Principal Price of Business	Mailir	ng Address			
18391	N.W 27	Ave			
·	F/a 3:	3056		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		lailing Address	M1 374	4. FEI Number	Applied For
1 18391 N · c Suite Apl # etc	ン <u> </u>	18391 u te, Apt. #, etc.	N·W 27A		Not Applicable \$8.75 Additional
2	27			5. Certificate of Status Desired	Fee Required
City & State M. Q.		ity & State	Fla	6. Election Campaign Financing	\$5.00 May Be
	20	ın	Country	Trust Fund Contribution 8. This corporation has liability for	LJ Added to Fees
33056 25 C	DADE 29	72 A C/	DADE	Florida Statutes	Yes No
9. Name and A	ddress of Current Register	ed Agent	641.41	10. Name and Address of New Re	gistered Agent
ALBERTO	M MON	ITES	81 Name	HAMID (30	DARZI
• •	<u> </u>	-	82 Street Adj	ress (P.O. Box Number is Not Acceptable 2006)	# 6F
185 31	N.M 80	文 CT	63	176 100 21	-77-01
Hial	eah Fla	•	84 City /	7	95 Zio Code -
			1 77	61LYWOOD	FL 33020
11. Pursuant to the provisions of	Sections 607 0502 and 607.	1508, Florida Statutes	s, the above-named co	rooration submits this statement for the r	purpose of changing its registered
office or registers dialient, or	√ool∕i, in the ≴tate of Florida.	Such change was au	thorized by the corpor	ation's board of directors. I hereby access	at the appointment as registered
office or registers diagent, or agent I am familial with, a c	boll, in the state of Florida. dacept the obligations of, S	Such change was au section 607.0505, Flor	thorized by the corporida Statutes.	rooration submits this statement for the patient's board of directors. I hereby acceptions	ot the appointment as registered
	Colfi, in the Hale of Florida.	MAMIN (mAADTI		of the appointment as registered 4/25/97
SIGNATURE STORM OF THE IN-	OFFICERS AND DIRECTO	HAMID (ppicable (NOTE DRS	thorized by the corpor- ica Statutes. ODDARZ Registered Agent signature req 13.	uired when reinstating! ADDITIONS/CHANGES TO OFFIC	OATE 9/25/97 CERS AND DIRECTORS IN 12
SIGNATURE TO THE STATE OF THE S	OFFICERS AND DIRECTO	HAMID (NOTE DRS DELETE	Registered Agent signature req	ured when renstating) ADDITIONS/CHANGES TO OFFICE IRECTOR	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE JOHN STORE STORE STORE ALBER	OFFICERS AND DIRECTO	HAMID C poleable (NOTE DRS DELETE TES	Registered Agent signature req 13. 11 Title 1.2 NAME	ADDITIONS/CHANGES TO OFFICE DIRECTOR HAMID GOODAR	DATE SERS AND DIRECTORS IN 12 Change M Addition
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SIGNATURE:

HAMID GOODARZI

4/25/97 (305) 624-9699

FILED

Apr 29 1997 8:00am