

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 950000 70 833**
 1. Corporation Name
MIKEY & ROSE INC.


Principal Place of Business	Mailing Address
18391 N.W 27 AVE Miami Fla 33056	18391 N.W 27 AVE Miami Fla 33056

2. Principal Place of Business	2a. Mailing Address
21 18391 N.W 27 AVE	26 18391 N.W 27 AVE
22 State Apt # etc	27 State, Apt. #, etc.
23 City & State Mia Fla	28 City & State Mia Fla
24 Zip 33056	29 Zip 33056
25 Country DADE	30 Country DADE

3. Date Incorporated or Qualified 9/14/95	3a. Date of Last Report
4. FEI Number 65-0635586	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ALBERTO M MONTES
18531 N.W 82 CT
Hialeah Fla

10. Name and Address of New Registered Agent
 81 Name **HAMID GOODARZI**
 82 Street Address (P.O. Box Number is Not Acceptable)
1776 POLK ST # 6F
 83
 84 City **HOLLYWOOD** FL 85 Zip Code **33020**

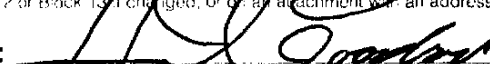
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE:  **HAMID GOODARZI** DATE: **4/25/97**

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE
NAME	ALBERTO M. MONTES
STREET ADDRESS	18531 N.W 82 CT
CITY-ST-ZIP	MIAMI FLA 33016
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAMID GOODARZI
1.3 STREET ADDRESS	1776 POLK ST # 6F
1.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002161152
6.3 STREET ADDRESS	-05/01/97--01010--004
6.4 CITY-ST-ZIP	***165.00

14. I do 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 an attachment with an address.
 SIGNATURE:  **HAMID GOODARZI** DATE: **4/25/97** (305) 624-9699
 Daytime Phone #

CR2E034 (9/96)