

3-13-97 B-3007 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION:

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # P95000073047 (9)

Corporation Name
MANIC INSTALLATION SERVICES, INC.



Principal Place of Business
11431 SW 7 TERRACE #404
MIAMI FL 33174

Mailing Address
11431 SW 7 TERRACE #404
MIAMI FL 33174-1081

3. Date Incorporated or Qualified 09/21/1995	3a. Date of Last Report 09/12/1996
4. FEI Number APPLIED FOR 65-0609858	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	

2. Principal Place of Business	2a. Mailing Address
26 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
27 City & State	27 City & State
28 Zip	28 Zip
29 Country	29 Country
30	30

9. Name and Address of Current Registered Agent
NICARAGUA, FRANCISCO
1917 S.W. 107 AVENUE APT. #707
MIAMI FL 33165

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

I, 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME		1.2 NAME	
1.1 STREET ADDRESS		1.3 STREET ADDRESS	
1.1 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME		2.2 NAME	
2.1 STREET ADDRESS		2.3 STREET ADDRESS	
2.1 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 NAME		3.2 NAME	
3.1 STREET ADDRESS		3.3 STREET ADDRESS	
3.1 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 NAME		4.2 NAME	
4.1 STREET ADDRESS		4.3 STREET ADDRESS	
4.1 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 NAME		5.2 NAME	
5.1 STREET ADDRESS		5.3 STREET ADDRESS	
5.1 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME		6.2 NAME	
6.1 STREET ADDRESS		6.3 STREET ADDRESS	
6.1 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (9/96)