

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED  
Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morán</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000081877 (9)**

1. Corporation Name  
**MIRIAL, INC.**

Principal Place of Business  
**6800 N OCEAN BLVD  
OCEAN RIDGE FL 33435  
US**

Mailing Address  
**6800 N OCEAN BLVD  
OCEAN RIDGE FL 33435-3313**

3. Date Incorporated or Qualified <b>10/25/1995</b>	3a. Date of Last Report <b>03/07/1996</b>
4. FEI Number <b>65-0620316</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business 21 <b>6600 N OCEAN BLVD</b>	2a. Mailing Address 26 <b>SAME</b>
Suite, Apt. #, etc. 22 <b># 8</b>	Suite, Apt. #, etc. 27 <b>11</b>
City & State 23 <b>OCEAN RIDGE FL.</b>	City & State 28 <b>FL</b>
Zip 24 <b>33435</b>	Country 25 <b>USA</b>

9. Name and Address of Current Registered Agent

**BAMBINO, PHILIP C  
6800 N OCEAN BLVD  
OCEAN RIDGE FL 33433**

10. Name and Address of New Registered Agent

1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAMBINO, PHILIP C</b>	
STREET ADDRESS	<b>6800 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAMBINO, RITA</b>	
STREET ADDRESS	<b>6800 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE FL 33433</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Philip Bambino*

Date

Daytime Phone #

4-9-97 516 738-2063

CR2E034 (9/96)