FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000088849 (1)**

1. Corporation Name

MIGHTY-MITES, INC.

Principal Place of Business	Mailing Address
7030 SOUTHWEST 144 PLACE MIAMI FL 33181-2142	7030 SOUTHWEST 144 PLACE MIAMI FL 33181-2142

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report: 11/20/95

2. Principal Place of Business
21: 14266 SW 119 Ave
Suite, Apt. #, etc. 22:
City & State 23: Miami, Fl
Zip 24: 33186 Country 25: USA

2a. Mailing Address
26: 7030 SW 144 Pl
Suite, Apt. #, etc. 27:
City & State 28: Miami. Fl.
Zip 29: 33183 Country 30: USA

4. FEI Number: 65-0649905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: James C. Slack
82 Street Address (P.O. Box Number is Not Acceptable)
83: 7030 SW 144 Pl
84 City: Miami, Fl FL 85 Zip Code: 33183

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: James C. Slack — James C. Slack — 6/5/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required by law) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SLACK, MARIA C		1.2 NAME	
STREET ADDRESS	7030 SOUTHWEST 144 PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181-2142		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SLACK, DAVID J		2.2 NAME	
STREET ADDRESS	7030 SOUTHWEST 144 PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181-2142		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SLACK, GINA A		3.2 NAME	
STREET ADDRESS	7030 SOUTHWEST 144 PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181-2142		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Maria Slack — 5/31/96 — 305-256 6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #