FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

FILED
Jun 01 1998 8:00am
Secretary of State

DOCUMENT # **P95000094366 (8)**

1. Corporation Name
MULTICULTURE RESEARCH INSTITUTE, INC.

[redacted]

Principal Office
25 S.E. SECOND AVENUE #1038
MIAMI FL 33131

Mailing Address
25 S.E. SEND AVENUE #1038
MIAMI FL 33131-1604

Date Incorporated or Qualified	Date of Last Report
12/11/1995	08/01/1996

FEI Number
65-0676274

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

☐ **$5.00** May Be Added to Fee

21 Principal Place of Business
22 State
23 City & State
24 Zip

25 Multi-jurisdiction
26
27 City & State
28

29 County
30

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

Name and Address of Current Registered Agent

PUNANCY, KARLENE
25 S.E. SECOND AVENUE #1038
MIAMI FL 33131

Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to Section 607.0505 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

12 OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE	☐ Change ☐ Add
NAME	PUNANCY, KARLENE		
STREET ADDRESS	25 SE SECOND AVE #1038		
CITY-ST-ZIP	MIAMI FL		
TITLE	VPTD	☐ DELETE	☐ Change ☐ Add
NAME	COSENTINO, EDWARD		
STREET ADDRESS	25 SE SECOND AVE #1038		
CITY-ST-ZIP	MIAMI FL		
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

700002543377
-06/02/98--01016--044
***150.00

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or other entity named in this report or I am a director or officer of a general partner or limited partner of the entity named in this report; I further certify that I am authorized 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.