

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96 00000 2419  
1. Corporation Name

MIRATUR TRADING CORPORATION

Principal Place of Business

Mailing Address

8081 NW. 67TH STREET  
MIAMI FL. 33166

8081 NW. 67TH ST.  
MIAMI FL. 33166

97 OCT 10 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

21 MIRATUR TRADING CORP.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLORIDA

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 8081 NW. 67TH ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLORIDA

Zip

29 33166

Country

30 USA

3. Date Incorporated or Qualified

3-4-96

3a. Date of Last Report

4. FEI Number

65-0640442

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

MARIA CARABALLO  
7907 NW. 53RD ST. STE 381  
MIAMI FL. 33166-4603

10. Name and Address of New Registered Agent

81 Name

MAURA BENARIE

82 Street Address (P.O. Box Number is Not Acceptable)

9330 NW. 37TH MANOR

83

84 City

SUNRISE

FL

85 Zip Code

33351

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

MAURA BENARIE

MAURA BENARIE - AGENT/MANAGER

7-29-97

Signature typed or printed name of registered agent. Limit title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MARCOS GLIKAS

8081 NW. 67TH ST. TITLE: PRESIDENT

MIAMI FL. 33166

CLARICE GLIKAS

8081 NW. 67TH ST.

MIAMI, FL. 33166

TITLE: VICE PRESIDENT

ALEX GLIKAS

8081 NW. 67TH ST

MIAMI FL. 33166

TITLE: TREASURER

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\*\*\*558.75 \*\*\*558.75

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:

Alex Glikas

TREASURER

10/6/97

305-591-0063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)