PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600034020

Principal Flace of Business	Mailing Address	
20705 SW 120TH CT.	20705 SW 120TH CT.	
MIAMI FL 30177	MIAMI FL 33177	

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90162 037 ***158.75

1. Corporatio	MIRE LATH, INC.					
Principal Flac	e of Business	Mailing Address				
20705 SW 120TH CT. 20705 SW 120TH CT. MIAMI FL 33177 MIAMI FL 33177			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 04/18/1996		
2. Principal P	Mace of Business	2a. Mailing Address 26		4. FEI Number 65-0683262		plied For : Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zìp	Country	8. This exporation owes the current year		_
24	25	29 3	0	Personal Property Tax.	Yes	□No
	9. Name and Address of C	Current Registered Agent	-	10. Name and Address of New Register	d Agent	
CITY	VARRIA, DONALDO		81 Name			
	05 SW 120TH CT.		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	MI FL 33177					
MIM	VII FL 331/1		83			
office or i	registered agent, or both, in the	State of Florida. Such change was auth	horized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its	code egistered gistered
office or i	registered agent, or both, in the am familiar with, and accept the	State of Florida. Such change was authobligations of, Section 607.0505, Florid	, the above-named con	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its continent as re	egistered cistered
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

ED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

305 2054369

Change

☐ Addition