

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

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000034299**  
 1. Corporation Name  
**Michell M.F.G. Corp.**

Principal Place of Business      Mailing Address  
**13263 SW 124 Street**  
**Miami, Fl 33186**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/19/96</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number <b>65-0668659</b>	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	Country	28. Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**Helena Bedoya**  
**14165 SW 11 Street**  
**Miami, Fl 33184**

**10. Name and Address of New Registered Agent**  
 81 Name **Marcos A. Alvarez**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**14733 SW 43 Terrace**  
 83  
 84 City **Miami**      **FL**      85 Zip Code **33185**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Helena Bedoya*      *MARCOS A. ALVAREZ*      DATE **4/24/97**  
(Signature of principal or person name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>Pres</b>	NAME <b>Helena Bedoya</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>14165 SW 11 Street</b>	CITY-STATE-ZIP <b>Miami, Fl 33184</b>	
TITLE <b>Vice Pres</b>	NAME <b>Marco A. Alvarez</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>14733 SW 43 Terrace</b>	CITY-STATE-ZIP <b>Miami, Fl 33185</b>	
TITLE <b>Sect./Treas</b>	NAME <b>Miguel Alvarez</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>15395 SW 144 Avenue</b>	CITY-STATE-ZIP <b>Miami, Fl 33177</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-STATE-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-STATE-ZIP	
2.1 TITLE <b>President/Treas.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE <b>Vice/Sect.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**900002160929**  
**-05/01/97--01002--028**  
**\*\*\*165.00**

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 contained 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 or changed, or on an attachment, with an address.

SIGNATURE: *Helena Bedoya*      DATE **4/24/97**      Daytime Phone #

CR2E034 (9/96)