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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000040061 (9)

1. Corporation Name  
MIG MANAGEMENT SERVICES OF NEW MEXICO, INC.



Principal Place of Business

250 AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH FL 33401

Mailing Address

250 AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH FL 33401-5012

3. Date Incorporated or Qualified 05/09/1996  
3a. Date of Last Report

4. FEI Number 65-0670620  
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

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GOLDBERGER, JANE S  
C/O MIG COMPANIES  
250 AUSTRALIAN AVE., SUITE 400  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Sharon Patric  
82 Street Address (P.O. Box Number is Not Acceptable) 250 Australian Ave. S #400  
83  
84 City West Palm Beach FL 85 Zip Code 33401

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 Sharon V. Patric Sharon Patric 4/23/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	WAYMAN, EDWIN B	
STREET ADDRESS	250 AUSTRALIAN AVENUE, SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	DELETED
NAME	WRIGHT, LARRY E	
STREET ADDRESS	250 AUSTRALIAN AVENUE, SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	DELETED
NAME	COTE, JAMES A	
STREET ADDRESS	1990 N. CALIFORNIA BLVD., SUITE 640	
CITY-ST-ZIP	WALNUT CREEK CA 94596	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	LOUIS E. Voat		
1.3 STREET ADDRESS	250 Australian Ave. S #400		
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
2.1 TITLE	VIST	Change	Addition
2.2 NAME	Kathleen L. Gutin		
2.3 STREET ADDRESS	250 Australian Ave. S #400		
2.4 CITY-ST-ZIP	West Palm		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: Kathleen L. Gutin 4/23/97 561-820-1300  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)