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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000041080**1. Corporation Name

MIGO NOCHE CORPORATION

Principal Place of Business	s `	
200 FIRST AVENUE NORTH.	SUITE	206
ST. PETERSBURG FL 33701	,	

Mailing Address

200 FIRST AVENUE NORTH, SUITE 206 ST. PETERSBURG FL 33701

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90155 030 ***300.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

	» يمديسه بسي .				05/08/1996			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For		
11		26		59-3376661	59-3376661 Not App			
Suite, Apt.	#, etc. Te 203	Suite, Apt. #, etc. 27 Suite 203		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State		6. Election Campaign Financing	\$5.00	May Be				
:3		28			Trust Fund Contribution	Added	•	
Zip	Country	Zip	Country	;	8. This corporation owes the current year	Intangible		
4	25	29	io .		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Registere	d Agent		
			81	Name				
CORPORATION SERVICE COMPANY			92	82 Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS SINEE!								
TALL	AHASSEE FL 32301-2525		83					
	•		_				0-1-	
			84	City	F	85 Zip	Code	
44 Dissertant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	e-named c	corporation submits this statement for the purpose	of changing its	registered	
office or r	egistered agent, or both, in the State of	l Florida. Such change was aut	nonzed by	the corpor	ration's board of directors. I hereby accept the ap	pointment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes	3.				
SIGNATURE					quired when reinstating) DATE			
	Signature, typed or printed name of registered agent a OFFICERS AND		_	nt signature rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	
12.	D OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICERO	-Change	Addition	
TITLE								
NAME	BERG, JEFFREY A	TT 000	1.2 NAME		200 First Ave North, Suite	203		
STREET ADDRESS	200 FIRST AVENUE NORTH, SUI	IIE 206			aco rusi me mana j wan	- ~ 5		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		1.4 CITY-S	iT-ZIP	<u> </u>	["]Change	Addition	
TITLE		☐ DELETE	21 TITLE			Change	Addition	
NAME -	المداية ما الماسية المحتصرة	* * * *	2.2 NAME		en e		•	
STREET ADDRESS			2.3 STREE	T ADORESS	•			
CITY-ST-ZIP			2. 4 CITY+	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME	-		4.2 NAME	ļ				
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP				
TITLE	J	☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
			5.4 CITY-S	T-71P	•			
CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE			☐ Change	Addition	
TITLE		□ VELETE	6.2 NAME					
NAME	·			7 ADDD5500	•			
STREET ADDRESS				T ADDRESS		•		
CITY-ST-ZIP			6.4 CITY-S	T-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 fectiver 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 changes of one of the fective of the corporation of the fetive of th