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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96 0000 47734

1. Corporation Name

MIR PROJECTS CORPORATION

Principal Place of Business	Mailing Address
2079 S. Kirkman Road No. 157 Orlando, FL 32811	PO BOX 941312 MAITLAND FL 32794-1312

3. Date Incorporated or Qualified: 5/31/96
3a. Date of Last Report: N/A

2. Principal Place of Business
21 2079 S. KIRKMAN ROAD
Suite, Apt. #, etc.
22 No. 157
City & State
23 Orlando, Florida
Zip 24 32811 Country 25

2a. Mailing Address
26 PO BOX 941312
Suite, Apt. #, etc.
27
City & State
28 MAITLAND, FLORIDA
Zip 29 32794-1312 Country 30 USA

4. FEI Number ~~Applied For~~ 590219460 [X] 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 [X] No

9. Name and Address of Current Registered Agent

Jean Luc Maltais
8611 Villa Point Drive, No. 1231
Orlando, FL 32810

10. Name and Address of New Registered Agent

81 Name: Nancy Frederick
82 Street Address (P.O. Box Number is Not Acceptable): 2079 S. Kirkman Road
83: No. 157
84 City: Orlando **FL** 85 Zip Code: 32811

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: Nancy Frederick — NANCY T. FREDERICK — 18 July 1997
Signature, typed or printed name, of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		[ ] DELETE	11 TITLE	VP/D	[ ] Change [X] Addition
NAME			12 NAME	Nancy Frederick	
STREET ADDRESS			13 STREET ADDRESS	2079 S. Kirkman Road, No. 157	
CITY-ST-ZIP			14 CITY-ST-ZIP	Orlando, FL 32811	
TITLE		[ ] DELETE	21 TITLE	P/D	[ ] Change [X] Addition
NAME			22 NAME	Dany Lapointe	
STREET ADDRESS			23 STREET ADDRESS	2079 S. Kirkman Road, No. 157	
CITY-ST-ZIP			24 CITY-ST-ZIP	Orlando, FL 32811	
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME	300002246853--9	
STREET ADDRESS			43 STREET ADDRESS	-07/24/97--01082--011	
CITY-ST-ZIP			44 CITY-ST-ZIP	****165.00 ****165.00	
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: 04/09/97 (407) 421-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number