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

Mailing Address
2223 WILTON DR

WILTON MANORS FL 33305-2131

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 16 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date incorporated or Qualified

Date

1997

DOCUMENT # P96000052964 (9)

MIGUEL'S INC

Principal Prace of Business

WILTON MANORS FL 33305

appears in Block 12 or Block

2223 WILTON DR

06/20/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 65-071 MWW213 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Bron 40 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ASHBAL, MICHAEL 2223 WILTON DR Street Address (P.O. Box Number is Not Acceptable) 82 WILTON MANORS FL 33305 83 84 City Zip Code 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 Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 96/6) 13. Addition Change Arthed wa DELETE THE 1.1 TITLE CHAEL NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 1.4 CITY - ST - ZIP Change Addition THLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CHY-S1-702 2. 4 City-ST-ZIP Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP Addition Change ☐ DELETE 4.1 TITLE TILLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - ZIP Addition DELETE THUE 61 TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 64 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