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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

MIGUEL'S INC

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Mailing Address

FILED Mar 06 1998 8:00am Secretary of State



Principal Place of Business 2223 WILTON DR 2223 WILTON DR. WILTON MANORS FL 33305 WILTON MANORS FL 33305-2131 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/20/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0717552 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 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 28 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ASHBAL, MICHAEL 2223 WILTON DR Street Address (P.O. Box Number is Not Acceptable) WILTON MANORS FL 33305 63 Zip Code **B**4 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, 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 posted name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Addition TITLE 1.1 TITLE Change ASHBAL, MICHAEL 1.2 NAME NAME 2223 WILTON DR. 1.3 STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33305 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELFTE ☐ Channe 2.1 TITLE TITLE HERNANGED, MIGUEL NAME 2.2 NAME 2223 WILTON DR. STREET ADDRESS 2.3 STREET ADDRESS WILTON MANORS FL 33305 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 JETLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 a did 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 execut 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 attricting of the corporation of the corporation of the corporation or the receiver of the corporation of the corpor

SIGNATURE: