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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000056605 (4)

1. Corporation Name

MIRAGEAS AUTO CONSULTANTS, INC.



Principal Place of Business

Mailing Address

5434 WEST SAMPLE ROAD STE 506
MARGATE FL 33073

5434 WEST SAMPLE ROAD STE 506
MARGATE FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

65-0703206

☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5434 W. Sample Rd
Suite, Apt. #, etc.

26 5434 W. Sample Rd
Suite, Apt. #, etc.

22 Suite 506

27 Suite 506

23 MARGATE FL

28 MARGATE FL 33073

24 33073 25 USA

29 33073 30 USA

9. Name and Address of Current Registered Agent

MIRAGEAS, PETER J
6663 NE 33RD ST
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name PETER J. MIRAGEAS

82 Street Address (P.O. Box Number is Not Acceptable)
2715 NE 49th St #208

83 FT LAUDERDALE

84 City

FL

85 Zip Code 33308

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

PETER J. MIRAGEAS

3/27/98

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

TITLE D
NAME MIRAGEAS, PETER J
STREET ADDRESS 4491 CRYSTAL LAKE DRIVE STE 202A
CITY-ST-ZIP POMPAHO BEACH FL 33064

TITLE VP
NAME DEAMER, PAUL N
STREET ADDRESS 757 SE 17TH ST #610
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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: PETER J. MIRAGEAS 3/27/98 954-675-5777

CR2E034 (10/97)