

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90192 021 ***158.75

DOCUMENT # P96000056605

1. Corporation Name
MIRAGEAS AUTO CONSULTANTS, INC.

Principal Place of Business
5434 WEST SAMPLE ROAD STE 506
MARGATE FL 33073
US

Mailing Address
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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRAGEAS, PETER J
2715 NE 48TH ST
STE 208
FT LAU FL 33308

81 Name PETER J. MIRAGEAS

82 Street Address (P.O. Box Number is Not Acceptable)

83 1630 SW WATERFALL BLVD

84 City Palm city FL 85 Zip Code 34290

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME PETER J. MIRAGEAS
1.3 STREET ADDRESS 1630 SW WATERFALL BLVD
1.4 CITY-ST-ZIP Palm city FL 34290

TITLE Vice President ☐ DELETE
NAME IRMA L. MIRAGEAS
STREET ADDRESS 1630 SW WATERFALL BLVD
CITY-ST-ZIP Palm city FL 34290

2.1 TITLE VICEPRESIDENT ☐ Change ☒ Addition
2.2 NAME IRMA L. MIRAGEAS
2.3 STREET ADDRESS 1630 SW WATERFALL BLVD
2.4 CITY-ST-ZIP Palm city FL 34290

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: PETER J. MIRAGEAS PRESIDENT 4/15/99 561 485-0236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0170467

CR2E034 (11/98)