


FILED  
May 08 1997 8:00am  
Secretary of State

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|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b>   |    | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
| <b>DOCUMENT # P96000056651 (8)</b><br>1. Corporation Name<br><b>MINGO INTERNATIONAL, INC.</b>  |   |   |
| Principal Place of Business<br><b>421 BAYSHORE DRIVE</b><br><b>PANAMA CITY BEACH FL 32407</b>  |   | Mailing Address<br><b>421 BAYSHORE DRIVE</b><br><b>PANAMA CITY BEACH FL 32407-5458</b>                                  |
| <b>2. Principal Place of Business</b><br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country   | <b>2a. Mailing Address</b><br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |   |
| <b>9. Name and Address of Current Registered Agent</b>   |   |   |
| <b>MOORE, LAURA</b><br><b>421 BAYSHORE DRIVE</b><br><b>PANAMA CITY BEACH FL 32407</b>  |   | <b>81</b> Name<br><b>82</b> Street Address<br><b>83</b><br><b>84</b> City   |
| <b>11.</b> Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required)</small>   |   |   |
| <b>12. OFFICERS AND DIRECTORS</b>  |   |   |
| <b>12.</b><br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DP</b><br><b>MOORE, LAURA</b><br><b>17680 FRONT BEACH ROAD</b><br><b>PANAMA CITY BEACH FL 32413</b>                      | <input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DVST</b><br><b>WOLF, ZORINA</b><br><b>833 AMES AVENUE</b><br><b>PALO ALTO CA 94303</b>                                   | <input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> DELETE   |
| <b>13.</b>   |   |   |
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP   |   |   |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP   |   |   |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP   |   |   |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP   |   |   |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP   |   |   |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP   |   |   |
| <b>14.</b> I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address. |   |   |
| <b>SIGNATURE: Zorina Wolf</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |