

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000063167 (6)
1. Corporation Name
MIAMI CHORES, INC.

Principal Place of Business
7645 SOUTHWEST 102 PLACE
MIAMI FL 33173

Mailing Address
7645 SOUTHWEST 102 PLACE
MIAMI FL 33173

FILED

97 AUG -4 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 07/29/1996 | | | |
| 22 City & State | | 27 City & State | | 4. FEI Number | | Applied For | |
| 23 Zip | | 28 Zip | | 05-068-2484 | | Not Applicable | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing | | 5.00 May Be Added to Fees | |
| | | | | Trust Fund Contribution | | | |
| | | | | 8. This corporation owes or has paid the current year Intangible | | | |
| | | | | Personal Property Tax due June 30. | | Yes No | |

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | Melissa Caudle |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 14550 SW 96 St |
| 83 | |
| 84 City | MIAMI |
| 85 Zip Code | FL 33186 |

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 Melissa Caudle Melissa Caudle DATE 7/24/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|-------------------|
| TITLE | PSTD | 1.1 TITLE | PSTD |
| NAME | GIMENEZ, MANUEL | 1.2 NAME | Gimenez, Billicio |
| STREET ADDRESS | 7645 SOUTHWEST 102 PLACE | 1.3 STREET ADDRESS | 7645 SW 102 PL |
| CITY-ST-ZIP | MIAMI FL 33173 | 1.4 CITY-ST-ZIP | MIAMI, FL 33173 |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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. 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 Melissa Caudle DATE 7/24/97 (255) 554-3446

CR2E034 (4/97)

7/25/97

(2)

Division of Corporations:

Enclosed is a replacement Profit Annual Corporation Report for Miami Chores and a replacement check for \$165.00

Our original report was mailed 4/16/97 and our check number was 125 drawn on Barnett Bank.

We are behind on bookkeeping and were not aware that no canceled check has been received.

I am sure I mailed the first one. I made copies and mailed it from the registered agent's address after getting her signature.

Thank you for your assistance.

Billie W. Limenez
President, Miami Chores