

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # **P96000065600 (4)**

1. Corporation Name

MIRANDA SNOWHA & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**STE. 500, 4821 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

**STE. 500, 4821 ATLANTIC BLVD.
JACKSONVILLE FL 32207-2129**

3. Date Incorporated or Qualified

3a. Date of Last Report

08/06/1996

2. Principal Place of Business

2a. Mailing Address

**6029 Clifton Ave
7457-1 103 Street**

**6029 Clifton Ave
7457-1 103 Street**

4. FEI Number

Applied For

59-3404660

Not Applicable

5. Certificate of Status Desired

XX

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

22. City & State

27. City & State

Jacksonville, Fla

Jacksonville, Fla

23. Zip

Country

28. Zip

Country

24. **32210**

USA

29. **32210**

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS, INC.
3732 NW 16TH ST.
FT. LAUDERDALE FL 33311**

81. Name

MICHELLE S. MIRANDA

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

6029 Clifton Ave

83.

84. City

JACKSONVILLE

FL

85. Zip Code

32210

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

SMIRANDA

Michelle S. Miranda, President

4/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MIRANDA, MICHELLE | |
| STREET ADDRESS | STE. 500, 4821 ATLANTIC BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | 6029 Clifton Ave | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 7457-1 103rd Street | |
| 1.4 CITY-ST-ZIP | Jacksonville, Fla 32210 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | | |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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; 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:

SMIRANDA

Michelle S. Miranda

4/21/97

DATE

904

721-5301

CR2E034 (9/96)