

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072310 (1)

1. Corporation Name
M.I.C. INVESTMENT CORPORATION



Principal Place of Business 13045 CORONADO LANE NORTH MIAMI FL 33181	Mailing Address 13045 CORONADO LANE NORTH MIAMI FL 33181-2119
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3. Date Incorporated or Qualified 08/29/1996	3a. Date of Last Report
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2. Principal Place of Business 21 2081 W 76 St Suite, Apt. #, etc. 22 UPSTAIRS City & State 23 Highland, FL Zip 24 33016	2a. Mailing Address 26 2081 W 76 St. Suite, Apt. #, etc. 27 UPSTAIRS City & State 28 Highland, FL Zip 29 33016	4. FEI Number 65-0696258	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MENENDEZ, JULIO 13045 CORONADO LANE NORTH MIAMI FL 33181				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, JULIO	1.2 NAME	
STREET ADDRESS	13045 CORONADO LANE	1.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL 33181	1.4 CITY- ST- ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, GERALDO F	2.2 NAME	
STREET ADDRESS	13045 CORONADO LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL 33181	2.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, JULIO C	3.2 NAME	
STREET ADDRESS	13045 CORONADO LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL 33181	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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 or changes in Block 13 in attachment with an address.

SIGNATURE: *Julio Menendez* **3/14/97** **305-819-8712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)