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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

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Apr 30 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081427 (2)

MIRACLE MASK, INC.

Stigning Plac	e of Business	Mail								
Principal Place of Business 1435 NW 84TH AVE CORAL SPRINGS FL 33065			Mailing Address 4435 NW 84TH AVE CORAL SPRINGS FL 33065-1325							
							3. Date Incorporated or Qualified 10/02/1996	3a. Da	te of Last R	leport
Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	A 4	09 2 AF	plied For
		26	26				65-0691652 - Not Applica			
Suite, Apt	#, etc.	5	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
		27			·				Fee Re	
City & State	O	ļ <u>1</u>	City & State				6. Election Campaign Financing	_	\$5.00	
Zip	Country	[28]	Zip	Coul	Dirv	<del></del>	Trust Fund Contribution	<u> </u>	Added	
<u>,</u>	25	29	r.ib	30	,		This corporation has liability for Florida Statutes	i⊓iangioie ]Yes [		. 199.032
	g. Name and Address of		red Agent	<del></del>			10. Name and Address of New Re	<u> </u>		
MAP	ISH, MICHELLE				81	Name		······································		
	NW 84TH AVE			ŀ	82	Stroot Add	ress (P.O. Box Number is Not Acceptat	da\		
	RAL SPRINGS FL 33065			- 1	02	Sireel Moor	ress (F.O. Box Number is Not Acceptat	леј		
				ſ	83					
				}	84	City		FL	85 Zip	Code
Description	to the provisions of Sections (	607 0502 and 607	7 1509 Florida Stat	utoc the ar		named corr	poration submits this statement for the place of directors. I hereby acception's board of directors. I hereby acceptions	uroose of	changing if	e ragiste
agent La	ini familiar with, and accept th	ne obligations of,	Section 607.0505,	Florida Stati	utes.	J.	•			
anature.	Signature, typed or pented name of regi	istored agent and lide H	applicable (N	OTE: Registered	Agent	signature requi	ired when reinstating)	DATE		
	OFFICE	istered agent and title if ERS AND DIRECT		OTE: Registered	Agent	signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC			RS IN 12
*	OFFICE PD					signature requi			DIRECTOR  Change	
F	OFFICE PD MARSH, MICHELLE		ORS	13.	LE	signature requi				
F Al	OFFICE PD Marsh, Michelle 4435 NW 84TH AVE	ERS AND DIRECT	ORS	13. 1.1 III 1.2 NA	LE Me	signature requii				
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