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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082657 (3)

M.I.B., INC.

FILED Apr 27 1998 8:00am Secretary of State

Mi-1-D-1	INO.			I MARIKARI IIR MANUR ONUM ARIII ORIM BAHA RANDI	. (8) (1
Principal Place	e of Rusiness	Mailing Address			
,		•			
6025 KINGS GATE CIR DELRAY BEACH FL 33484		6025 KINGS GATE CIR DELRAY BEACH FL 33484		DO NOT WRITE IN TH	IIS SPACE
US		US		3. Date Incorporated or Qualified	
				10/07/1996	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Register	ed Agent
l BR	AUM, BERNARD		81 Name		
6025 KINGS GATE CIR			62 Street Addi	ress (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33484					
			63		
ļ			64 City	<u> </u>	. 85 Zip Code
			11	F	-L
11. Pursuant	to the provisions of Sections 607.050	12 and 607, 1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpos	e of changing its registered
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					
	Signature, typed or printed name of registered age		Registered Agent signature require		
12.	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
	D D	C DELLIE			Change Change
NAME	BRAUN, BERNARD		12 NAME		
STREET ADDRESS	6025 KINGS GATE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33484	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	OOLDEADD CEVIAOUD		22 NAME		C crango C vacanon
i	GOLDFARB, SEYMOUR		2.3 STREET ADDRESS		
STREET ADDRESS	17544 PLAZA OTONAL SAN DIEGO CA 92128		2.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE	SAIT DIEGO CA 82 120	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 THTLE		Change Addition
NAME			4. 2 NAME		- · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		••••	5.2 NAME		. —
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	ertify that the information supplied w	ith this bling does not qualify to		Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the information

14. I 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 of suppliemental anguagneous 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 corruptation or the recoper of 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 chapter, or on an altogeneous with an address

CICNATUDE:

wil 17 Mas (SW) 4907-122