## 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 # P96000089520 (6)

MIRLITSA, INC.

Principal Place of Business

Mailing Address

## FILED Apr 23 1998 8:00am Secretary of State



	DGA BAY DRIVE BEACH FL 33409	2360 SARATOGA BAY DI WEST PALM BEACH FL		DO NOT WRITE IN TH	IIS SPACE	
2. Principal P	face of Business	2a, Mailing Address		10/31/1996 4. FEI Number	Applied F ==	
21 2826 OKEECHOSEE BLVD, 26 2826 OKEECHOBE			LOBEE BLUD.	65-0705012	Applied Fer Not Applicable	
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	PALM Bch. FL.	City & State 28 W EST PALM Zip	Brach, FL	6. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 334	[29]	29 33409	Country 7	Personal Property Tax due June 30.	🗶 Yes 🔲 No	
	9, Name and Address of Current ONTOYA, RAMIRO	negistered Agent	81 Name	10. Name and Address of New Register	30 Agent	
	NTOTA, RAMIRU BO SARATOGA BAY DRIVE		Name	82 Street Address (P.O. Box Number is Not Acceptable) 83		
	ST PALM BEACH FL 33409					
			<b>84</b> City	<b>_</b>	85 Zip Code	
office or re	to the provisions of Sections 607 0502 egistered agent, or both, in the State c in familiar with, and accept the obligat	if Florida. Such change was a	authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered	
SIGNATURE	Stignative Typed or postera name of leagestered argent					
12.	OFFICERS AND		Registered Agent signature req.	ADDITIONS/CHANGES TO OFFICERS A		
TOLE	V\$	DILETE	1.1 TIILE	ADDITIONS/CHANGES TO OFFICENS A	Change Addition	
NAME	MONTOYA, JANICE A.		1.2 NAME			
STREET ADDRESS	2360 SARATOGA BAY DR.		1 3 STREET ADDRESS			
CITY - ST - ZIP	W. PALM BEACH F		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2 1 TITLE		Change Addition	
NAME .			2 2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CHY-ST-ZIP			
THILE		☐ DELETE	3 1 THILE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STHEET ADDRESS			
CITY-ST-ZIP TITLE		DELFTE	3.4 CITY-ST-ZIP		Change	
NAME		C) Dett it	4.1 TITLE 4. 2 NAME		Change Addition	
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TILE		Change Addition	
NAME		the second	5.2 NAME		Principle The Manufacture	
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - ST - ZIP			
TITLE		DELETE	61 TITLE		Change Addition	
NAME		<del></del>	62 NAME		one-igo reaction	
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-7IP			
44 Lbarahu a	Telik attiti attiti attiti attiti tili tili t	Marie av II. Nade e tr <del>everterative</del>	04011-21-21	0		

• I rereby 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 suppliemental 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:

APR. 17/98. (561)640-0719