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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

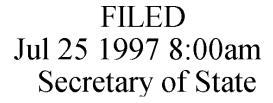
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000092023 (6)

MIS NINAS, INC.

Principal Place of Business

Mailing Address



15 SILVER MOON LANE PALM HARBOR FL 34883				15 SILVER MOON LANE PALM HARBOR FL 34683								
									3. Date Incorporated or Qualified 11/06/1996			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	<del></del>	A	polica For
21 1515 Silver Moon Lane				704 West Bay Street							No	ot Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
City & State Palm Harbor, FL			28	City & State  Tampa, FL					Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24 34683				7ip Country 33606 30			/		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current				- /					10. Name and Address of New Registered Agent			
GOLD, AARON J							Name					
704 WEST BAY STREET				82 Street Ad			Address	ddress (P.O. Box Number is Not Acceptable)				
TAME	PA FL 33606							· · · · · · · · · · · · · · · · · · ·				
						83						
						84	City				<b>85</b> Zip	Code
44 5					, ,		L			<u> </u>	<u> </u>	
office or r	to the provisions o registered agent, o	or Sections 607.0502 or both, in the State o	and 6 If Flori	07 1508, Florida Statu da. Such change was	nes, th∈ authori	e abov ized b	e-named y the corp	corpora poration	ation submits this statement for the p 's board of directors. I hereby acces	urpose of If the appo	changing il sintment as	is registered 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 Statu 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	Shuatan tanada sasa	led name of registered agen	Lancet Artics	Haurdinatio (NO	Ti Poor	tored An	ant riceal we	o roo stood u	when reinstating)	DATE		
12.	organica of 1952ct or part	OFFICERS AND				3.	on; signature	e requireo r	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	D			☐ DELETE	1.	1 TILE		T			Change	Addition
NAME	SOLE, ZUCEL				1.	2 NAME						
STREET ADDRESS				1.3 \$			1.3 STREET ADDRESS   15		5 Silver Moon Lane			1
CITY-ST-ZIP	Palm Harboi	R FL 34683			1,	4 CITY-!	ST - 74P	ŀ				
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CITY-ST-ZIP						2. 4 CITY-ST-ZIP			•			
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NAME							3.2 NAME					
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CITY-ST-ZIP TITLE		<del></del>		DELETE		4 CITY-: 1 TITLE	ST-ZIP	<del> </del>			Change	Addition
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TITLE			******	DELETE		4 CALT - 3 1 TITLE	>1 - ZIP	<del> </del>			Change	Addition
NAME						2 NAME						
STREET ADDRESS							T ADDRESS					
CITY-ST-ZIP						4 CITY-1						
	by certify that the	information supplied	with th	is filing does not qua				stated in	Section 119.07(3)(i), Florida Statute	s. I further	cortify 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; the lam an officer or director of the corporation or the receiver or trusted 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, are an attachment with an address.

SIGNATURE

SIGNA

AL QUIRED

(25/97 813 384 3735

CR2E034 (9/96