

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

FILED

Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000095237 (9)

1. Corporation Name  
M I P ENTERPRISES, INC.

Principal Place of Business  
5381-B HOFFNER AVE  
ORLANDO FL 32812

Mailing Address  
5381-B HOFFNER AVE  
ORLANDO FL 32812-2431



2. Principal Place of Business  
21 5850 LAKEHURST DY.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 5850 LAKEHURST DY.  
Suite, Apt. #, etc.

22 150-19

27 150-19

23 ORLANDO FL.

28 ORLANDO FL.

24 32819

29 32819

25 ORANGE

30 ORANGE

3. Date Incorporated or Qualified  
11/18/1996

3a. Date of Last Report

4. FEI Number  
59-3407527

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMOS, JOSE L  
5381-B HOFFNER AVE  
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name RUBEN D. TORO  
82 Street Address (P.O. Box Number is Not Acceptable)  
5850 LAKEHURST 150-6  
83  
84 City ORLANDO FL 85 Zip Code 32819

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 of registered agent and registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstalling)

02-24-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	PAIVA, MOISES M	5725 RIDGE CLUB LOOP APT 201	ORLANDO FL 32839	<input type="checkbox"/>
VSD	FRAGA, HELVIA M	5725 RIDGE CLUB LOOP APT 201	ORLANDO FL 32839	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/97 (407) 3709587  
Date Daytime Phone #

CR2E034 (9/96)