## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 1997

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000101832 (9)

MIAMI BARE COINS, INC.

APPROVEU AND FILED

97 JUL 24 AM 9: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Plac	e of Busines	SS	<del></del>	Mailing Add	dress		<del></del>								
13789 S. DIXIE HWY.				· ·											
MIAMI FL 331				13789 S. DIXIE HWY. Miami Fl 33144											
											OT WRITE				
										3. Date Incorporated or C	rualified	3a. Da	ite of Last F	Report	
A Deleganol O	Name of Direct		1.0	ha Mallina	Addis					12/18/1996	<del></del>				_
2. Principal Place of Business				2a. Mailing Address						4. FEI Number 65 - 07/4	456	<b>^</b>		pplied For	$\dashv$
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						65-011	106			ot Applicab Additional	·le
22				27						5. Certificate of Status De	sired			Additional equired	- [
City & State				City & State						6. Election Campaign Fina	ancing			May Be	{
23				28					- 1	Trust Fund Contribution				to Fees	
Zip	Country			Zip Cou			ountry			8. This corporation owes	or has pai	d the curi			
24	25			29		30			Personal Property Tax due June 30. Yes No						
			of Current Reg	letered Ag	ent					10. Name and Address of	New Reg	Istered A	lgent		
	ga, manu						81	Name							
7310 <b>SW 9TH</b> ST.							82	Street	Addres	Address (P.O. Box Number is Not Acceptable)					$\dashv$
MIAMI FL 33144															_
							83								
							84	City					<b>85</b> Zip	Code	
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office or r	egi <b>ste</b> red ac	gent, or both, in	the State of Fic	rida. Such	riorida Statut change was t	es, the a authoriza	above ed by	e-named the corp	corporation	ation submits this statement 's board of directors. I here	tor the puby accept	irpose of tithe appo	changing i bintment as	ts registere registered	d
agent. I a	ım familiar w	ith, and accept	the obligations	of, Section	607.0505, Flo	orida Sta	tutes								
SIGNATURE	Slanshire types	or printed neare of	egislered agent and t	rio il nonlicable	(NOT	E: Domistor	nd Ago	nt aint at se	a a a su si a a al a	when reinstating)		DATE			-
12.	organization, typical		CERS AND DIR		(1401	13,		ni ergina.ure	3 required	ADDITIONS/CHANGES 1	(O OFFICE		DIRECTOL	25 INI 22	-4.
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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 on an allaction with a address.

4/2/104