SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004833)

MIRTHA HOLDING CORPORATION

Principal Place of Business

Mailing Address

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90010 011 ***550.00

592855 - 90010 - 11 5

| SEAGLASS DRIVE 231 SEAGLASS DRIVE MELBOURNE FL 32951 | | | | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 01/16/1997 | S SPACE | |
|---|--|--|------------------------|--|---------------------|---|---|--|
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | Applied For | |
| | | 26 | | | | 59-3448634 | Not Applicable | |
| Suite, Apt. | , Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Sta | te | City & State | <u> </u> | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country 25 | Zip 29 | 30 Cou | ntry | | This corporation owes the current year Intangible Personal Property. | Yes No | |
| ' | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered | Agent | |
| STORCH, GLENN D ESQ. STORCH, HANSEN & MORRIS, P.A. 1620 S. CLYDE MORRIS BLVD., SUITE 300 DAYTONA BEACH FL 32119 | | | | 81 | Name | | | |
| | | | | 82 | Street Addre | Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | | |
| | | | | 84 | City FL 85 Zip Code | | | |
| office or | registered agent, or both, in the State of am familiar with, and accept the obligation | of Florida. Such change was a tions of, section 607.0505, Flo | uthorized rida Stat | by utes | the corporation | ation submits this statement for the purpose of con's board of directors. I hereby accept the appointment when reinstating) DATE | pintment as registered | |
| | | | | Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| 12. | S | | | LE | 1. | Change Addition | | |
| NAME | MACHADO, MIRTHA | | 1.2 NAME | | | | City of the state | |
| STREET ADDRESS | | | 1.3 ST | REET | ADDRESS | DRESS | | |
| CiTY-ST-ZIP | MIAMI FL 33134 | | 1.4 CITY-ST-ZIP | | -ZIP | | | |
| TITLE | P | DELETE 2.1 | | LE | | | Change Addition | |
| NAME | MARTINEZ, ANDRES | | 2.2 NAME | | | | | |
| STREET ADDRESS | 5643 SW 6TH STREET | | 2.3 STREE | | ADDRESS | | - | |
| CITY-ST-ZIP | MIAMI FL 33134 24 | | 2.4 Ci | Y-ST- | -ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | Change Addition | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | j | | 3.3 STREE | | ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CITY | | -ZIP | | | |
| TITLE | □ DECELLE | | 4.1 TIT | | | | Change Addition | |
| NAME | | | 4 2 NA | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZiP | | | 4.4 CI | ry st | -ZIP | | | |

CITY-ST-ZIP 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 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 attachment with an address.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

CR2E034 (5/99)

=

Change Addition

Change Addition