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

PROFIT **CORPORATION** ANNUAL REPORT



## Sandra B. Mortham #

Secretary of State

## 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000013218 (7)

## **FILED** Mar 10 1998 8:00am Secretary of State

| THE FIRST MIRACLE CORP.                  |   |  |                                      | 1 10541001 110 10111 10541 10541 00111 00111 00111 00111     | siand tillið etdal djánt eðið (Döt                |
|--|---|--|--------------------------------------|--|---|
|  |   |  |                                      |  |   |
| Principal Plac                           | e of Business                                     | Mailing Address  |                                      |  | (1 <b>000</b> 1)(1 <b>);</b> 1/001 1/001 (0): 10: |
| -2020 C.W. 57                            | th avenue 4/2 S.E. 33 R.I<br>55 C. APE CORAL FL.3 | 0,572320 S.W. 57TH AVENUE  | 412 5.E. 33 RD 51                    | 不  |   |
| -0UITE-203_                              | A 405 ( DOA) 6/ 2                                 | SUITE 203  | CINEN, FL. 339                       | DO NOT WRITE IN THI  | IS SPACE  |
| -MANI-EL 331                             | BCTIFE COMPUTATOR                                 | 17/09 MANN-HE-00100 CFTF   | a consei war.                        | 3. Date Incorporated or Qualified                            | 3 OI NOL  |
|  | •   |  |                                      | 02/10/1997   |   |
| 2. Principal P                           | lace of Business                                  | 2a. Mailing Address  | <del></del>                          | 4. FEI Number 7/17/2-10                                      | Applied For                                       |
| 21                                       |   | 26]  |                                      | 65-0171714   | Not Applicable                                    |
| Suite, Apt. #, etc.                      |   | Suite, Apt. #, etc.  |                                      | 5. Certificate of Status Desired                             | \$8.75 Additional                                 |
| 22 City & Stat                           |   | City & State   |                                      |  | Fee Required                                      |
| City & Stat                              | е   | 28   |                                      | 6. Election Campaign Financing Trust Fund Contribution       | \$5.00 May Be<br>Added to Fees                    |
| Zip                                      | Country   | 7(p)   | Country                              | 8. This corporation owes or has paid the c                   |   |
| 24                                       | 25]   | 29   | 30                                   | Personal Property Tax due June 30.                           | Yes No  |
|  | 9. Name and Address of Curr                       |  |                                      | 10. Name and Address of New Registere                        | d Agent   |
| SENDRA, JOSE A                           |   |  |                                      |  |   |
| 2320 S.W. 57TH AVENUE 412 S.E. 33RD. ST. |   |  | 82 Street Addre                      | ess (P.O. Box Number is Not Acceptable)                      |   |
| SUITE 203                                |   |  |                                      |  |   |
| · MV                                     | AMI FL 33155                                      |  | 83                                   |  |   |
| •  |   |  | 84 City                              |  | 85 Zip Code                                       |
| 44 Bussiant                              | to the exputations of Carliana 607 C              | of og and 607 1469 Florida Statut  | to the above named core              | F oration submits this statement for the purpose             |   |
| office or r                              | egistered agent, or both, in the Sta              | ate of Florida. Such change was a  | authorized by the corporati          | ion's board of directors. I hereby accept the a              | ppointment as registered                          |
| ! -                                      | m familiar with, and accept the ob                | ligations of, Section 607.0505, Fig  | orida Statutes.                      |  |   |
| SIGNATURE                                | Signature, typed or per ted name of registered    | accent and title it applicable (NOT  | E Registered Agent signature require | ed when reinstating) DATE                                    |   |
| 12.                                      |   | AND DIRECTORS  | 13.                                  | ADDITIONS/CHANGES TO OFFICERS A                              | ND DIRECTORS IN 12                                |
| TITLE                                    | D   | DELETE   | 1.1 TITLE J                          | 2  | Change Addition                                   |
| NAME                                     | SENDRA, JOSE A                                    |  | 12 NAME SA                           | NORA JOSE 7.   |   |
| STREET ADORESS                           | 2320 S.W. 677H AVENUE,                            | Suite 203  | 13 STREET ADDRESS 4/                 | CHURA JOSE A.<br>12 S.E. 33 RD STREST<br>408 CORAL PL. 33904 | ,   |
| CITY-ST-ZIP                              | MIAMI FL 33155                                    | Divire   | 1.4 CITY-ST-ZIP                      | THE COKAL PL. 33707  | / Addition  |
| TITLE                                    |   | L_ DELETE  | 1                                    |  | Change Addition                                   |
| NAME<br>PROCES ADDOLES                   |   |  | 2.2 NAME                             |  |   |
| STREET ADDRESS<br>DITY-ST-ZIP            |   |  | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP   |  |   |
| TITLE                                    |   | DELFTE   | 3.1 TITLE                            |  | Change Addition                                   |
| NAME                                     |   |  | 3.2 NAME                             |  |   |
| STREET ADDRESS                           |   |  | 3.3 STREET ADDRESS                   |  |   |
| CITY-ST-ZIP                              |   |  | 3.4. CITY-ST-ZIP                     |  |   |
| TIFLE                                    |   | ☐ DELETE   | 4.1 TITLE                            |  | Change Addition                                   |
| NAME                                     |   |  | 4. 2 NAME                            |  |   |
| STREET ADDRESS                           |   |  | 4.3 STREET ADDRESS                   |  |   |
| CITY-ST-ZIP                              |   | The state of the s | 4.4 CITY-ST-ZIP                      |  | The same  |
| TITLE                                    |   | ☐ DELETE   | 51 TIFLE                             |  | Change Addition                                   |
| NAME<br>ATTRET LABORES                   |   |  | 5.2 NAME                             |  |   |
| STREET ADDRESS                           |   |  | 5.3 STREET ADDRESS                   |  |   |
| CITY-ST-ZIP<br>TITLE                     |   | DELETE   | 5.4 CITY - ST - ZIP<br>6.1 TITLE     |  | Change Addition                                   |
| NAME                                     |   | family over 15   | 6.2 NAME                             |  | L'I O'MINGO L'I TOURIST                           |
| STREET ADDRESS                           |   |  | 6.3 STREET ADDRESS                   |  |   |
| STREET ADDRESS                           |   |  | 0.3 STREET ADDRESS                   |  |   |

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 arrival report or supplemental crimial 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 of the recover 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 it is an attachment with a address.