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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90134 002 \*\*\*150.00

DOCUMENT # P97000021693

1. Corporation Name MITCHELL'S FINANCIAL GROUP, INC.



Principal Place of Business 6301 NW 7TH AVENUE STE E MIAMI FL 33150 Mailing Address 6301 NW 7TH AVENUE STE E MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1997 4. FEI Number 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 owes the current year Intangible Personal Property Tax.

2. Principal Place of Business 2a. Mailing Address 21-26 Suite, Apt. #, etc. 22-27 City & State 23-28 Zip Country 24-30

9. Name and Address of Current Registered Agent MITCHELL, DOROTHY 6301 NW 7TH AVENUE STE E MIAMI FL 33150

10. Name and Address of New Registered Agent 81 Name 82 Street Address 83 84 City 85 Zip Code FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS MITCHELL, DOROTHY 271 NW 151ST AVENUE PEMBROKE PINES FL 33028 MITCHELL, MARK 271 NW 151ST AVENUE PEMBROKE PINES FL 33028

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/8/98 DAYTIME PHONE #: (305) 751-7001

CR2E034 (11/98)