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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025016 (1)

MIRACLE HOLDINGS, INC.

Principal Place of Business

NAME

STREET ADDRESS CITY-ST-ZIP

MIAMI FL 33131		MIAMI FL 33131		UUN		
					DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 03/19/1997
2, Principal Pl	lace of Business	2a. Mading Address				4 FFI Number Applied For
21		26				65-0757684 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional	
22		27				5. Certificate of Status Desired Fee Required
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Z ip	Country	Zip	Coun	itry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	g. Name and Address of Current		1			10, Name and Address of New Registered Agent
BR/	ANT, BARRY M		1	81	Name	
ONE SOUTHEAST THIRD AVE. 15TH FLOOR				82 Street Address (P.O. Box Number is Not Acceptable)		
	MI FL 33131	10011	į'	02	SHEER AUG	ress (F.O. Box Number is Not Accoptable)
1000	1444 1 E 00101		Ī	83		
				84	City	85 Zip Code
						FL 63 2 p code
l office or re	to the provisions of Sections 607.0502 e gistere d agent, or both, in the State o m familiar with, and accept the obligat	f Llorida. Such change was a	uthorizad	by t	riamed corp he corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or pointed harne of registered ugen			Agent	signature requi	ired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITL			☐ Change ☐ Addition
NAME	10.00			1.2 NAME		
STREET ADDRESS	21200 HARBOR WAY #115		1.3 \$1R	FET AC	DDRESS	
CITY-ST-ZIP	AVENTURA FL 33180		1.4 0111		ZIP	
TITLE	☐ DECEME 2.11		2.1 DIL	.F		Change Addition
NAME			2.2 NAV	ИE		
STREET ADDRESS			2.3 STR	EE1 AC	DDRESS	
CITY-ST-ZIP			2. 4 C(1	Y - ST-	- ZIP	
TITLE	DELETE 3.1 T		3.1 TITE	F		Change Addition
NAME			3.2 NAM	Æ		
STREET ADDRESS			3.3 STR	EF1 AF	DDRESS	
CITY-ST-ZIP			3.4 CIT	Y-S1-	- ZIP	
TITLE		DELETE	4.1 HIL	.€		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EE1 AC	DDRESS	
CITY-ST-ZIP			4.4 CITY	Y-\$1-	ZIP	
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	ΛE		
STREET ADDRESS			5.3 STR	EET AT	DDRESS	
CITY-ST-ZIP			5.4 CITY			
TITLE						Change Addition

14. 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 or an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS