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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P970000 45297

CASA MIRANDA ENTERPRISES, INC.

FILED
May 01 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address				
3814 N.E. MIAMI CT.				
MAIA	41, FC 33/37			DO NOT WRITE IN THIS SPACE
	,			3. Date Incorporated or Qualified
D. Ovinnimal I	Plana of Division	1 0- 14-11- 4-11		A 55131
21 38/	Place of Business 4 NE. MAN T	2a. Mailing Address 26 38 / 4 N/K	MAMI	7- 4. FEI Number 65-028/4.58 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27		Fee Required
City & Star	AMILE	Cty & State 28	, F2	6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	30 Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
12 ک ک		29 20 20 3	OSA	Personal Property Tax due June 30. 🔲 Yes 🛂 No
·	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
-			81 Name	WILLIAM HITZ
			82 Street Add	dress (P.O. Box Number is Not Acceptable)
				oress (P.O. Box Number is Not Acceptable)
			83	
			84 City	フノタ / フノ FL 85 Zip Cody 3 ク
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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the eoligations of, Section 607,0505, Florida Statutes.				
SIGNATURE Signature Species to the activities of the property of the activities of the activit				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	WILLIAM HIT 3814 N.E. MA	DELETE	11 DILE	☐ Change ☐ Addition
NAME	WILLIAM HIT	72, —	1.2 NAME	
STREET ADDRESS	3818 N.E. MA	MICI	1 3 STREET ADDRESS	İ
CITY-ST-ZIP	MINNINKL 3	3/3')	1.4 CITY - ST - ZIP	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	1
CITY-ST-ZIP			2 4 CITY - ST - ZIP	
TITLE		DILETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	i
TITLE		☐ DELETE	41 TIBLE	☐ Change ☐ Addition
NAME			4 2 NAME	_ ,
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-7IP			4.4 CITY - ST - ZIP	
TITLE		☐ DILETE	5 1 10 LE	☐ Change ☐ Addition
NAME			5 2 NAME	- ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
STREET ADDRESS			5.3 STREET ADDRESS	مي را
CITY-ST-ZIP			54 CHY- S1- ZIP	5.11
TITLE		DELETE	61 TillE	900002509709 Addition -05/04/9801078023 ***150.00
NAME			6.2 NAM(-05/04/99-019-019
STREET ADDRESS	·		6 3 STREET ADDRESS	***150,00
CITY-ST-ZIP			64 CHY: ST- ZIP	
U1 EII			v-surrandin 1	

4. Thereby 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 arread report or suppliemental annual report is thee 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 for on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SHATING OFFICER OR DIRECT

5.28.58

305-438-1937