FILE NOW: FILING FEE AFTEP MAY 1ST IS \$550,00

Mailing Address

3033 NE 2nd AVENUE

MIAMI, FL 33136

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

OCUMENT # P97000047611 Corporation Name

3033 NE 2nd AVENUE

<u>MAIMI,FL</u>

TARRET

: 45555

SIGNATURE: 4

27 710

MICHE MISIC, INC.

3033 NE 2nd AVENUE

MIAMI, FL 33136

Place of Business

DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90015 008 ***150.00

Change

☐ Addition

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 05/27/1997

Principal Place of Business	2a. Mailing Address		4. FEI Number	Appl	ied For
	26		65-0754200	Not a	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Ad Fee Req	ditional
	27 State				
tity & State	City & State	-	6. Election Campaign Financing Trust Fund Contribution	N Added to	lay Be Fee≈
ip Country	Zip	Country	8. This corporation owes the current year	ar Intangible	
25	29	30	Personal Property Tax.		JNo_
9. Name and Address of	Current Registered Agent		10. Name and Address of New Registe	red Agent	
JIMINEZ, EDUARDO		81 Name	•		
9201 SW 105 STREET		82 Street Add	iress (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33176					
•		83			
		84 City		85 Zip Co	ode
		2	poration submits this statement for the purpos		
Signature, typed or printed name of regis	RS AND DIRECTORS	OTE: Registered Agent signature requi	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		S IN 12
	DELETE	1.5 TITLE	ADDITIONS/CITATIONS TO OFFICER	☐ Change	Additio
DV	• =	12 NAME			
JIMINEZ, 165 STRE	ET	1.3 STREET ADDRESS			
MIAMI, FL 33176		1.4 CITY-ST-ZIP			
ius ius	☐ DELETE	2.1 TITLE		☐ Change	☐ Additio
JIMINEZ, ENITH		, 2.2 NAME			
:		2.3 STREET ADDRESS			
st-ze <u>MIAMI, FL 33176</u>		2.4 CITY-ST-ZIP		Chance	☐ Additio
DT	DELETE	3.1 YITLE		Change	
JARAMILLO, MIGUE		3.2 NAME 3.3 STREET ADDRESS			
- 3033 NE 2nd AVEN	UE	3.4 CITY-ST-ZIP			
er zee <u>MIAMI, FL</u> DP	DELETE	4.1 TITLE		Change	Additio
MONGATUE TODOE	•	4.2 NAME			

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

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 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 comporation 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 changes, or on an attachment with an address, with all other like empowered.

5.1 TITLE 52 NAME 5.3 STREET ADDRESS

61 TITLE 6.2 NAME **6.3 STREET ADDRESS**

DELETE

DELETE