


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

FILED

Jun 17 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000093233 (9)</b>					
1. Corporation Name <b>MIGOLI CORP.</b>					
Principal Place of Business <b>848 BRICKELL AVE. #200 MIAMI FL 33131</b>			Mailing Address <b>848 BRICKELL AVE. #200 MIAMI FL 33131</b>		
2. Principal Place of Business 21 <b>3152 Matilda St.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami, FL</b> Zip 24 <b>33133</b>		2a. Mailing Address 26 <b>3152 Matilda St.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami, FL</b> Zip 29 <b>33133</b>		Country 25 <b>U.S.A.</b> 30 <b>U.S.A.</b>	
9. Name and Address of Current Registered Agent <b>BERK, ARTHUR J 848 BRICKELL AVE. #200 MIAMI FL 33131</b>					
10. Name and Address of New Registered Agent 81 Name <b>Suazo-Juan, Olivia</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3152 Matilda St.</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33133</b>					
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 607.0506, Florida Statutes. SIGNATURE <i>[Signature]</i> <b>Olivia Suazo-Juan</b> DATE <b>3/6/98</b> <small>(NOT: Registered Agent signature required when resigning)</small>					
12. OFFICERS AND DIRECTORS TITLE <b>D-<del>JOHN MIGUEL</del></b> <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS <b>3152 MATILDA STREET</b> CITY-ST-ZIP <b>MIAMI FL 33133</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Suazo-Juan, Olivia</b> P/O 1.3 STREET ADDRESS <b>3152 Matilda Street</b> 1.4 CITY-ST-ZIP <b>Miami, FL 33133</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/30/1997</b>	
4. FEI Number <b>65-0805664</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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.

SIGNATURE:

*[Signature]*

4/20/98 (305) 444-4850

CR2E034 (10/97)