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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P 99000021345

May 17, 1999 8:00 am Secretary of State

05-17-1999 90090 030 ***150.00

	n Name							
Miro, Inc.								
, ,	110/						-	
Principal Place of Business Mailing Address					7			
2501	Wing 56							
Suito 341 SAME					DO NOT WEITE IN T	LIC CDACE		
350/ W. Vine St. Suite 341 SAME Kissimme, FL. 34741					DO NOT WRITE IN THIS SPACE			
K15514	mme, FL. 34741				3. Date Incorporated or Qualifed			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For	
21 26				59-350/9/3	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional	
22		27			S. Continuate of Classic Science	Fee Re	·	
City & State City & State					6. Election Campaign Financing	\$5.00	· 1	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Coun	ry	8. This corporation owes the current year	· Intangible ☐ Yes	Νο	
24	25	29	30		Personal Property Tax. 10. Name and Address of New Register		ANO	
	9. Name and Address of Curre	nt Registered Agent		1 Name	IV. Name and Address of New Register	ed Agent		
Panl	J. Svejda							
Jen I W. Vine SX.			8	Street Addre	ess (P.O. Box Number is Not Acceptable)			
Paul J. Svejda 350 W. Vine SX. Suite 341			1	13				
KISSIMMER, FL. 3474/				City	•	-L	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the abo	ve-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	registered gistered	
agent. I a	am familiar with, and accept the oblig-	ations of, Section 607.0505, F	lorida Statut	es.	ary social of directors. Thereby decept are op-		3	
SIGNATURE								
	Signature, typed or printed name of registered age		TE: Registered A	ent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DRS IN 12	ĝ
12.	OFFICERS AI	ND DIRECTORS	_		ADDITIONS/CHANCES TO CIT TO EN	7110 01112010		
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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 AND TYPED OR PRINTED NAME