

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90003 027 ***150.00

DOCUMENT # P98000029557

1. Corporation Name

MICA DISTRIBUTORS INTERNATIONAL, INC.



Principal Place of Business
8660 NW 6TH LANE #103
MIAMI FL 33126

Mailing Address
8660 NW 6TH LANE #103
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 **555 NW 210th STREET**

Suite, Apt. #, etc.

22 **204**

City & State

23 **MIAMI FLORIDA**

Zip

24 **33169**

Country

25 **USA**

2a. Mailing Address

26 **555 NW 210th STREET**

Suite, Apt. #, etc.

27 **204**

City & State

28 **MIAMI FLORIDA**

Zip

29 **33169**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, WAYNE M.A.
24495 SW 157 AVE.
MIAMI FL 33031

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **HENRY, WAYNE M.A.**
STREET ADDRESS **24495 SW 157 AVE.**
CITY-ST-ZIP **MIAMI FL 33031**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Wayne Henry** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 23, 1999

Date

(305) 651-9536

Daytime Phone #

CR2E034 (5/99)

610075-90003-27
P98000029557



August 24, 1999

Division of Corporations
PO Box 1500
Tallahassee, Florida 32302

Attention: Division of Corporations,

Enclosed please find a check in the amount of \$150.00 for the 1999 Profit Corporation Annual Report filing fee for Mica Distributors International, Inc. (MDI). Unfortunately MDI did not receive the first notice and missed the initial deadline to file. We are requesting the Division waive the late filing fee.

If you have any questions, please contact the under signed at (305) 651-9536 at your convenience.

Sincerely,

MDI, Inc.

A handwritten signature in cursive script that reads "W. Mark Henry".

W. Mark Henry

a:\archives\correspondences\Annual-99