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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000044397**1. Corporation Name

MISORIK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

910 BELLE MEADE ISLAND DRIVE MIAMI FL 33138

910 BELLE MEADE ISLAND DRIVE MIAMI FL 33138

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

02-27-1999 90100 041 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2. Mailing Address 4. FEL Number Applied For						13	05/18/1998	or Qualifed			
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9. Name and Address of Curront Registered Agent 9. Name and Address of New Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant flow the providence of Section 607 0.002 And 607 0.					Country 8. This corporation owes the current year Intan			ntangible			
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant b to provisions of Section 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 of but his photosety of the production of the corporation's but of disclores. I hereby accept the appointment as registered office or registered agent of but his photosety of the photosety of the production of t				30	30						
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 88 City	24		*I								
343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 Bal City					81 Name ~		1 \ \ <	M.			
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TI. Pursuant of the providings of Section 607.0502 And 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or displayed agent of path, lightly-expert of path source of path annual registeries of section 607.0505. Florida Statutes. SIGNATURE	343	ALMERIA AVENUE									
11. Pursuant in the processors of Sections 607 0562 And 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or digist held agent of both. White State 1 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the processor of the purpose of changing its registered of directors. I hereby accept the appointment as registered of the appointment as regist	COF	IAL GABLES FL 33134					TIO STATE LICON TO 10				
11. Pursuant in the processors of Sections 607 0562 And 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or digist held agent of both. White State 1 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the processor of the purpose of changing its registered of directors. I hereby accept the appointment as registered of the appointment as regist											
11. Pursuant by the provisions of Section 607.002 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or departed agent of byth, although the First Such change was authorised an corporation's board of directors. Thereby accept the appointment as registered agent, and a maker with, although book of 190.595. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-51-2P TITLE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-51-2P TITLE DELETE 2.1 TITLE 1.4 CITY-51-2P TITLE 1.5 TITLE 1.5 TITLE 1.6 Change Addition A					84 City	Λ	<u></u>	FI	85 Zip C	ode 28	
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ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied with his filling does not qualify for the exemption indicated on this annual report of supplemental annual report is true and accurate and that m officer or director of the corporation or the receiver or trustee empowered to execute this report Block 12 or Block 11 inchanged, to on an available members, with all other like empowered to the receiver of trustee empowered to execute this report in the receiver or trustee.

SIGNATURE

1-305-254-2422