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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058085

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90136 006 ***150.00

MIRA ENTERPRISES, INC.								
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Principal Place	e of Business	Mailing Address				r smalimbe tien (drat sæler maner påtte anner anner anner	ALEBO LBIST BUSEL	ININT BITT LANG
5251 3RD STRE	5251 3RD STREET			}				
ZEPHYRHILLS FL 34248 ZEPHYRHILLS FL 34248								
		,			ļ	DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		ļ
						06/30/1998		
Principal Place of Business 2a. Mailing Address					1	4. FEI Number		plied For
21 26					-+	31° 33 29 00 1	\$8.75 A	t Applicable
						5. Certificate of Status Desired	Fee Re	
22					-	6. Election Campaign Financing	\$5.00	<u> </u>
23	28	y d oldio			Trust Fund Contribution	Added to		
Zip Country Zip			Country		-	8. This corporation owes the current year Inta		
24	25 29 30				Ì	Personal Property Tax.		□No
	9. Name and Address of Curren		1			10. Name and Address of New Registered	Agent	
			81	Name		•		
DIAZ, JOSEPH L				Street	Address	s (P.O. Box Number is Not Acceptable)		
2522 WEST KENNEDY BLVD.			82	Jueer.	Addies.	s (F.O. DOX Number is Not Acceptable)		
TAM	PA FL 33609		83					
	•		84	City			85 Zip C	`ode
				84 City		FL	163 Zip C	,oue
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named	corpora	ation submits this statement for the purpose of	changing its	registered
/ office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	norized by la Statutes	the corpo	oration	s board of directors. I hereby accept the appoir	itment as reg	ustered
SIGNATURE								}
- OIOIVITORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	nt signature r	required wi	hen reinstating) DATE		
12.		D DIRECTORS	13.		_	ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12
TITLE			1.1 TITLE	i	P		☐ Change	Addison
NAME	MIRA, MICHAEL S							ļ
STREET ADDRESS	5251 3RD STREET			TADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL 34248		1.4 CITY- 8	T-ZIP	-		Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE				Change	L Addizon
NAME	MIRA, PATRICIA A		2.2 NAME	i				Ì
STREET ADDRESS				T ADDRESS	\			
CITY-ST-ZIP	ZEPHYRHILLS FL 34248	☐ DELETE	2. 4 CITY-	ST-ZIP		T	Change	Addition
TITLE	D .	C Defete	3.1 TITLE		5/	/ T	□ ¢nange	
NAME	MIRA, JACQUELINE D		3.2 NAME		['	-)
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			3,4. CITY-1	ST-ZIP	 - -		Change	Addition
TITLE								
NAME	•		4. 2 NAME	i				ļ
STREET ADDRESS			1	T ADDRESS	[}
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	 		☐ Change	Addition
TITLE		□ nereie	5.1 TITLE 5.2 NAME	İ	ł	•	change	L. J. Addison
NAME ADDRESS			1	TADDRESS	\			
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		5.40 DELETE 6.17		11-215	 -		Change	Addition
TITLE		€ nere ie	6.2 NAME	i			C. J. S. Horisto	
NAME	(1.7 T 1.7 % AD . 1			T ADDRESS				
	er en danske Ortografia		6.4 CITY+S		l			ł
CITY ST ZIP :: 1			E 0.4 OH (*2	/1"AF	1			

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: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99 (813) 715-4255

3R2F034 (11/98