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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000068470

MIA LUNA, INC.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90071 001 ***150.00

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|--|--|--------------------------------|--|--|----------------------|--|--|----------------------------|-------------------|
| Principal Place | e of Business | Mailing Address | - | | | i illiisti in italit in italii stiit ili | | HANDA ADANI DEDAK | 10E11 901(1981 |
| 1055 PEACHTREE STREET NE 1055 PEA | | 1065 PEACHTREE STREET | PEACHTREE STREET NE | | | | | | |
| | | ATLANTA GA 30309 | | ļ | DO NOT WEE | TE IN TUIC | CDACE | | |
| ! | | | | | - | DO NOT WRI 3. Date Incorporated or Qualifed | IE IN I III | SPACE | |
| | | | | | | | | | |
| A Driverie of D | loss of Dist | 2a. Mailing Address | | | + | 08/05/1998 4. FEI Number | | An | plied For |
| - | lace of Business | | | | | | nu | | t Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | 58 - 24069 | | \$8.75 | |
| | #, etc. | 27 | | | | 5. Certifcate of Status Desired | | Fee Re | |
| City & State | 'e | City & State | | | -+ | 6. Election Campaign Financing | | \$5.00 | May Ro |
| 23 | | 28 | | | | Trust Fund Contribution | | Added t | |
| Zip | Country | Zip | Cour | itry | -+ | 8. This corporation owes the curre | ent vear Inta | | |
| 24 | 25 29 30 | | | - | | Personal Property Tax. | , | ∐Yes | □No |
| | 9. Name and Address of Current | 11 | 100, | | | 10. Name and Address of New F | Registered | Agent | |
| | | | | 81 Name | | - | | | |
| COE | , Suzanne e esq | | - | 00 04 | A d d a a a a | /D O. Day Number is Not Assessed | hla) | | |
| | 5419 LAWTON COURT | | | 82 Street A | Addr e ss | dress (P.O. Box Number is Not Acceptable) | | | ļ |
| ITALL | AHASSEE FL 32311 | | İ | 83 | | | | | |
| | | | 1 | | | | | 7:- (| 7-4- |
| e | | | | 84 City | | | FL | 85 Zip (| -ode |
| 11 Pursuant | to the provisions of Sections 607.0502 | and 607.1508. Florida Statut | es, the at | ove-named o | согрога | ation submits this statement for the | purpose of | changing its | registered |
| office or r | egistered agent, or both, in the State of | i Florida. Such change was a | uthorized | by the corpo | oration's | s board of directors. I hereby accep | t the appoir | ntment as re | gistered |
| agent. i a | m familiar with, and accept the obligation | ons of, Section 607.0505, Fig | niua Statu | les. | | | | | 1 |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered | Agent signature re | equired wh | hen reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | *************************************** | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTO | RS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 ™ | .E | | | | ☐ Change | Addition |
| | | | | í | | | | | |
| NAME . | l galardi, jack g | | 1.2 NA | Æ | | | | | |
| NAME STREET ADDRESS | GALARDI, JACK G 1055 PEACHTREE STREET NE | | | ME REET ADDRESS | | | | | |
| STREET ADDRESS | 1055 PEACHTREE STREET NE | | 1.3 STI | REET ADDRESS | | | | | |
| | | DELETE | 1.3 STI | REET ADDRESS Y-ST-ZIP | | | | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE | 1055 PEACHTREE STREET NE | ☐ DELETE | 1.3 STI 1.4 C/T | REET ADDRESS Y-ST-ZIP LE | | | | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | 1055 PEACHTREE STREET NE | ☐ DELETE | 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA | REET ADDRESS Y-ST-ZIP LE AE | | | ······································ | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 1055 PEACHTREE STREET NE | ☐ DELETE | 1.3 STI 1.4 CIT 2.1 TST 2.2 NA 2.3 STI | Y-ST-ZIP LE ME LEET ADDRESS | _ | | www.a-wasawasawasawasawasawasawasawasawasawa | ☐ Change | ☐ Addition |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 1055 PEACHTREE STREET NE ATLANTA GA 30309 | | 1.3 STI 1.4 CTI 2.1 TIT 2.2 NA 2.3 STI 2.4 CF 3.1 TIT 3.2 NA | EET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 1055 PEACHTREE STREET NE ATLANTA GA 30309 | | 1.3 STI 1.4 CTI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI | REET ADDRESS Y-ST-ZIP AE REET ADDRESS Y-ST-ZIP E AE REET ADDRESS | | | | | |
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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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 404-607-8057