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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT, # P98000080566

Country

## MIRANDA BROTHERS ENTERPRISES INC.

7795 W. FLAGLER ST. #50		7795 W. FLAGLER ST. #50
MIAMI FL 33144		MIAMI FL 33144

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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

04-30-1999 90158 050 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

APPLIED FOR

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

09/17/1998 4. FEI Number

4	25	29	30			Personal Property Tax.		No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
		<del></del>		81 Name					
M	randa, Luis R SR.			00 0	A -  -  -	(D.O. Day Number is Not Assentable)			
10	93 N.W. 134TH PLACE			82 Street	Addres	ss (P.O. Box Number is Not Acceptable)			
M	AMI FL 33182			83		<del> </del>		·	
••••									
		•		84 City		,	FL 85 Zip C	ode	
	<u> </u>					1	! !	registered	
office o	nt to the provisions of Sections 607.050 r registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorized	I by the cort	oration	ration submits this statement for the purply's board of directors. I hereby accept the	e appointment as reg	istered	
SIGNATUR								<u>:</u>	
SIGNATOR	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Registered	Agent signature	required v	when reinstating)			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE ;	(-D 20 ) (3) (3)	☐ DELETE	1.1 π	n.E		,	☐ Change	☐ Addition	
NAME	MIRANDA, LUIS R SR.		1.2 N	ME	Į	_			
STREET ADDRE	ss 1093 N.W. 134TH PLACE		1.3 ST	REET ADORESS		-			
CITY-ST-ZIP	MIAMI FL 33182		1.4 CI	TY-ST-ZIP					
TITLE	D	☐ DELETE	2.1 TI	rle	Γ		(Change	☐ Addition	
NAME	MIRANDA, OSCAR M SR.		2.2 N	WE			•		
STREET ADDRE	AAAAA AAAA AATII AT		i 2.3 ST	REET ADDRESS					
	MIAMI FL 33173		240	TY-ST-ZIP		:			
CITY-ST-ZIP TITLE	D	□ DELETE	3.1 Ti		†		☐ Change	Addition	
	, <del>-</del>	<b>_</b>	3.2 N				_	•	
NAME	MIRANDA, LUIS R JR.		<b>1</b>						
STREET ADDRE	1 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		REET ADDRESS	1				
CITY-ST-ZIP		☐ DELETE		ITY-ST-ZIP	┼	<del></del>	Change	Addition	
TITLE	<b>D</b>		4.1 TI				Cjonange		
NAME	MIRANDA, JOSE L JR.		4. 2 N		Ì		;		
STREET ADDRE			4.3 S	REET ADDRESS			٠,		
CITY-ST-ZIP	MIAMI FL 33182		4.4 C	TY-ST-ZIP	<u> </u>				
TITLE	, v	☐ DELETE	5.1 TI				☐ Change	Addition	
NAME			5.2 N	ME	]	•			
STREET ADDRE	ss		5.3 \$	REET ADDRESS	1		÷		
CITY-ST-ZIP			5.4 C	TY-ST-ZIP	1		<u> </u>		
TITLE		☐ DELETE	6.1 TI	RE			Change	Addition	
NAME			6.2 N	ME			ī		
		•	6.3 S	REET ADDRESS	1	· ·			
STREET ADDRE	SS			TY-ST-ZIP		,			
CITY-ST-ZIP		W			1	ection 119.07(3)(i), Florida Statutes. I fur	than cortify that the in	formation	

Country

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), 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:

CHATURE REQUIRED CHATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Daytime Phone #

CR2E034 (11/98)