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 # P98000094053

1. Corporation Name

MICA HOLDINGS, INC.

Principal	Place o	f Business

425 SPOONBILL LANE MELBOURNE BEACH FL 32951 Mailing Address

425 SPOONBILL LANE MELBOURNE BEACH FL 32951

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90036 024 ***150.00



DO NOT WRITE IN THIS SPACE

Date Improveded or Qualiford

					11/05/1998			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		plied For	
21		26			59-3541310	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired	\$8.75 A		
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	, I	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intan	gible		
24	25	29	30		Personal Property Tax.			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
NAMBA, MICHAEL 425 SPOONBILL LANE MELBOURNE BEACH FL 32951			81					
			83	02				
111661	DOOMING BENOTITE SEED.		63					
			84	1	FL	85 Zip (
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized by rida Statutes	the corporation	poration submits this statement for the purpose of chemics board of directors. I hereby accept the appointr	nanging its ment as re	registered gistered	
				nt signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DS IN 12	
12.		ID DIRECTORS	13.	-		Change	Addition	
TITLE	D NAMBA MICHAEL C	☐ DECEIE			·	change		
NAME	NAMBA, MICHAEL S 425 SPOONBILL LANE		1.2 NAME	7.4DDDEE00				
STREET ADDRESS		4	1	TADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL 3295	DELETE	1.4 CITY-S 2.1 TITLE	1-219		Change	Addition	
TITLE			2.2 NAME			_ ,	_	
NAME expect approach				TADORESS			Ì	
STREET ADDRESS			2.4 CITY-5				ļ	
TITLE		□ DELETE	3.1 TITLE	,		Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	41 TITLE			Change	☐ Addition	
NAME			4. 2 NAMÉ					
STREET ADDRESS			4.3 STREE	T ADDRESS				
C/TY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP.	,		6.4 CITY-S	T-ZIP	David 440 07/040 Florido Chatrata I fraiba andifi			

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: _

MIChael Namba

Daytime Phone #