APR-30-02 04:10PM FROM-

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91168 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111216

1. Entity

Mia International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O.R. Bezold
1 S.E. 3rd Avenue 28th floor
Miami, Florida 33131

Zip Country

3. Mailing Address

C/O.R. Bezold
1 S.E. 3rd Avenue 28th floor
Miami, Florida 33131

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-221-9259 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

American Information Service Inc.
1 S.E. 3rd Avenue 28th Floor
Miami, Florida 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE ______________________________ DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. Officers and Directors

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Richard L. Strauss C/O 1 S.E. 3rd Avenue, 28th Floor Miami, Florida 33131	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #