FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # S30641 (2)

LA MIRAGE INTERNATIONAL - MIAMI BEACH, INC.

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1901 COLLINS AVE.
MIAMI BEACH FL 33139

169 E FLAGLER ST
#1521
MIAMI FL 33131
US

3. Date of Last Report: 02/11/1991
3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0239152 — Applied For / Not Applicable

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

6. Doctor Company Filing Trust Fund Contribution: $5.00 May Be Added to Fees

8. The corporation has elected to be governed by Section 607.0505 Florida Statutes: X Yes

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24 25

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27 261 N.E. 1st St. 4th fl.
28 Miami, FL.
29 33132
30 Dade

9. Name and Address of Current Registered Agent

SHOAFF, NISSIM B
169 E. FLAGLER ST. SUITE 1521
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: BEN-SHOAFF
82 Street Address (P.O. Box Number is Not Acceptable): 261 N.E. 1st STREET
83: 4th FLOOR
84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 607.0505 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and the street address of the registered office of this corporation are identical to the registered agent and the registered office of the corporation of which this corporation is a subsidiary.

SIGNATURE: X N. B. Shoaff

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHOAFF, NISSIM BEN
ADDRESS	1390 CLEVELAND RD.
CITY ST ZIP	MIAMI BEACH FL
TITLE	D
NAME	SHOAFF, MARCELLE BEN
ADDRESS	1390 CLEVELAND RD.
CITY ST ZIP	MIAMI BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Change ☐ Addition
NAME
ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
ADDRESS
CITY ST ZIP

14. I hereby certify that the information supplied with this report is accurately recorded and complete, and qualify for the penalties prescribed in Section 817.155 Florida Statutes. I further certify that the information shown on the annual report or supplemental annual report is true and correct and that the corporation has filed with the Department of Revenue a copy of its federal income tax return or has complied with the requirements of Section 607.1601 Florida Statutes, and that my name appears in Block 12 or Block 13 (if applicable) herein with an address.

SIGNATURE: X N. B. Shoaff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0132724 CP