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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S40566

(9)

JOSEPH A. MIRET, C.P.A., P.A.

Princ	ipal	Place	of	<b>B</b> usiness	

Mailing Address

## FILED May 08 1997 8:00am Secretary of State



B341 8.W. 19TH STREET MIAMI FL 83155		8341 S.W. 19TH STREET Miami FL 33155-1104					
					3. Date Incorporated or Qualified 03/26/1991	3a. Date of Last F 05/01/1996	Report
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number	L	pplied For
21		26			65-0267797	, <del> </del>	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				¢0.75	Additional
22		27			6. Certificate of Status Desired		equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Con	ntry	8. This corporation has liability for in		
24	25	29	30		Florida Statules	Yes No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	istered Agent	
MIRE	et, Joseph A.		1	81 Name			
B341	S.W. 19TH STREET			82 Street Add	ress (P.O. Box Number is Not Acceptabl	^\	
	AI FL 33155			oz Sireci Add	ress (F.O. Box Nomber is Not Acceptable		
				83		1.	
				<b>64</b> City		FL 85 Zip	Code
Office of re	o the provisions of Sections 607.0 gistered agent, or both, in the St in familiar with, and accept the ob-	ate of Horida, Such change was	authorizac	t by the corpora	poration submits this statement for the putien's board of directors. I hereby accept	maga of changing i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered	ngent und title if applicable (NC)	HL Fingistered	Agout signature requ	red when re helaling)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	D	DEFETE	1.1111	LF		Change	Addition
NAME	MIRET, JOSEPH A.		1.2 NA	ME			
STREET ADDRESS	8341 S.W. 19TH STREET		1.3 \$1	HEEL ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 00	Y - \$T - ZIP			
TITLE		DELETE.	2.1 111	LE .		☐ Change	Addition
NAME			2.2 NA	Mέ			
STREET ADDRESS	T ADDRESS			REEL ADDRESS			
CITY-ST-ZIP			2.4 01	1Y-S1-20P			
TITLE		DITELE	3.1 1 1	l E		☐ Change	Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4 CI	TY - ST - ZIP			
TITLE		DELETE	4.1 Til	l F		Change	Addition
NAME			4. 2 N/	IME .			
STREET ADDRESS			4.3 ST	RELI ADDRESS			
CITY-ST-ZIP				Y - S1 - ZIP			
TITLE		DELETE	5.1 TIT			Change	Addition
NAME			5.2 NA			99	***************************************
STREET ADDRESS				REFLADORESS			
CITY-ST-ZIP				Y-S1-7IP			
TITLE		DELETE	61 H			Change	Addition
NAME		E Descrip	62 NA			L1 Change	L_J AGUITOII
STREET ADDRESS			1	ļ			
				REET ADDRESS			
14 Ldo hereby	v certify that the information every	died with this filips does not avail	6.4 CII	Y-S1-ZiP	- 0	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

I do 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.