

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 AM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S51736** (4)

M.I.M. NORTH AMERICA, INC.

(CHECK ONE WHERE APPLICABLE)

Principal Office (Mailing Address) Mailing Address
1177 SAWGRASS CORPORATE PARKWAY 1177 SAWGRASS CORPORATE PARKWAY
MIAMI FL 33323 MIAMI FL 33323

3. Date first eligible for qualified	3a. Date of Last Report
05/10/1991	04/27/1994
4. FEI Number	Applied For / Not Applicable
65-0250146	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for purposes for articles 1999 (1997 Florida Statutes) <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office (Mailing Address)	2a. Mailing Address
21. Name, Apt #, etc.	26. Name, Apt #, etc.
22. City & State	27. City & State
23. Sunrise, FL	28. Sunrise, FL
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
85. State (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS

86. NAME	PD BONES, DAVID L.
87. STREET ADDRESS	1177 SAWGRASS CORP. PKY.
88. CITY & STATE	SUNRISE FL
89. NAME	STD ABRAMI, ELISABETTA
90. STREET ADDRESS	VIA PADANA SUPERIORE 18/20 25045 CASTEGNAT
91. CITY & STATE	BRESCIA, ITALY
92. NAME	
93. STREET ADDRESS	
94. CITY & STATE	
95. NAME	
96. STREET ADDRESS	
97. CITY & STATE	
98. NAME	
99. STREET ADDRESS	
100. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

91 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
92 NAME	
93 STREET ADDRESS	
94 CITY & STATE	
95 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
96 NAME	
97 STREET ADDRESS	
98 CITY & STATE	
99 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100 NAME	
101 STREET ADDRESS	
102 CITY & STATE	
103 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
104 NAME	
105 STREET ADDRESS	
106 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and accurate and that the corporation shall have the same legal effect as if it had made such filing. That the undersigned is a director of the corporation or the person or persons authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block A of the report or is attached thereto with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/94
(305) 846-9234