

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 APPROPRIATE)

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, if Not Applicable)
83.
84. City
85. State

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 Officer or Director)

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE
1	PD BONES, DAVID L.	1177 SAWGRASS CORP. PKY.	SUNRISE FL	
2	STD ABRAMI, ELISABETTA	VIA PADANA SUPERIORE 18/20 25045 CASTEGNAT	BRESCIA, ITALY	
3				
4				
5				
6				
7				
8				

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

91 OFFICER	92 NAME	93 STREET ADDRESS	94 CITY	95 STATE	Change	Addition
96 OFFICER	97 NAME	98 STREET ADDRESS	99 CITY	100 STATE	Change	Addition
101 OFFICER	102 NAME	103 STREET ADDRESS	104 CITY	105 STATE	Change	Addition
106 OFFICER	107 NAME	108 STREET ADDRESS	109 CITY	110 STATE	Change	Addition
111 OFFICER	112 NAME	113 STREET ADDRESS	114 CITY	115 STATE	Change	Addition
116 OFFICER	117 NAME	118 STREET ADDRESS	119 CITY	120 STATE	Change	Addition

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 input effects as if made under oath. 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 so attached thereto with an address.

SIGNATURE: _____ (Signature of Officer or Director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR