

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # S53600 (0)
1. Corporation Name
MIAMIT'S, INC.

Principal Place of Business 11700 NW 101 RD. #23 MEDLEY FL 33178	Mailing Address 11700 NW 101 RD. #23 MEDLEY FL 33178
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/20/1991	
24		25		4. FEI Number 65-0264202	
29		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BERK, ARTHUR J.
848 BRICKELL AVE
SUITE 200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ADISSI, ALFREDO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1541 BELLA VISTA AVE	1.2 NAME	
STREET ADDRESS	CORAL CABLES FL 33156	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP RAHMANPARAST, MEHRAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9891 SW 67 AVE	2.2 NAME	
STREET ADDRESS	MIAMI FL 33156	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V BATALLA, SANDRA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9891 SW 67 AVE	3.2 NAME	
STREET ADDRESS	MIAMI FL 33156	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V ADISSI, ROSSINA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1541 BELLAVISTA AVE.	4.2 NAME	
STREET ADDRESS	CORAL GABLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE:

Alfredo Adissi 2/3/98 305-888-8138

CR2E034 (10/97)