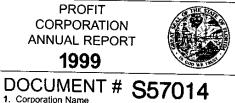
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

MICRO AMERICA, CORPORATION

1. Corporation Name



DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90131 040 ***158.75

UI	 	

Principal Pts 2450 W 82 S #307 HIALEAH FL US		Mailing Address 2450 W 82 ST 307 HIALEAH FL 33016 US		DO NOT WRITE IN		
				3. Date Incorporated or Qualifed 06/04/1991		
$\overline{}$	Place of Business	2a. Mailing Address		4. FEI Number		A - 1 - 2 F
21 Suite An	A # -4-	26		65-0269593		Applied For Not Applicable
Suite, Ap	·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional Required
23	ate	City & State		6. Election Campaign Financing		0 May Be
Zip	Country	28	Country	Trust Puna Contribution	Added	d to Fees
24	25	29	30	8. This corporation owes the current year		
	9. Name and Address of Curr		30	Personal Property Tax. 10. Name and Address of New Registe	□Yes	□No
225 THII MIA	MOS, JORGE H ESQ. 10 S.W. 3RD AVENUE RD FLOOR MI FL 33129		83 84 City	ress (P.O. Box Number is Not Acceptable)	- 85 Zip	Code
11. Pursuant office or agent. I a	am lamiliar with, and accept the oblig	gations of, Section 607.0505, Flor	is, the above-named corporation through the corporation of the corp	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as r	s registered egistered
12.		ND DIRECTORS	13.			
TITLE	D	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12 Addition
NAME	PEREZ, THOMAS I		1.2 NAME	•	onange	T Vogition
STREET ADDRESS	THE PART OF THE PA		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MIRAMAR FL 33027		1.4 CITY-ST-ZIP			
NAME		☐ DELETE	2.1 TITLE		☐ Change	Addition
STREET ADDRESS			2.2 NAME		_ •	_
CITY-ST-ZIP			2.3 STREET ADDRESS			
TITLE		☐ DELETE	2. 4 CITY-ST-ZIP			
NAME .		□ pereie	3.1 TITLE	•	☐ Change	☐ Addition
STREET ADDRESS			3.2 NAME			
CITY-ST-ZIP			3.3 STREET ADDRESS			Ì
TITLE		☐ DELETE	3.4. CITY-ST-ZIP			
NAME		-	4. 2 NAME	•	☐ Change	☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS			į
CITY-ST-ZIP			i I			
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			
NAME			5.2 NAME		Change	☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS			•
CITY-ST-ZIP			5.4 CITY-ST-ZIP			1
TITLE		☐ DELETE	6.1 TITLE			
NAME			6.2 NAME		☐ Change	☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
74 Iborob	-46 - 41 - 4 41 · · · · ·					

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 efficiency 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.C. URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR