

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

FILED

May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V01072** (0)

1. Corporation Name
MICRO INFORMATICA CORP.

Principal Place of Business
**99 S E 5TH STREET #120
MIAMI FL 33131**

Mailing Address
**99 S E 5TH STREET #120
MIAMI FL 33131-2545**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1991	3a. Date of Last Report 05/01/1996
21. Micro Informatica Corp	26. Micro Informatica Corp	4. FEI Number 65-0300890		Applied For Not Applicable	
Suite, Apt. #, etc. 8400 NW 25 St. #100		Suite, Apt. #, etc. 8400 NW 25 St. #100		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Miami, Florida		City & State Miami, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 33122	Country USA	Zip 33122	Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DREYFUS, JULIA 99 S E 5TH STREET #120 MIAMI FL 33131		81. Name Dreyfus, Julia	
		82. Street Address (P.O. Box Number is Not Acceptable) 8400 NW 25 St. #100	
		83.	
		84. City Miami	
		FL	
		85. Zip Code 33122	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DREYFUS, JULIA		1.2 NAME Dreyfus, Julia	
STREET ADDRESS 99 S E 5TH STREET #120		1.3 STREET ADDRESS 8400 NW 25 St. #100	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, Florida 33122	
TITLE VTD	<input type="checkbox"/> DELETE	2.1 TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DREYFUS, GILBERT		2.2 NAME Dreyfus, Gilbert	
STREET ADDRESS 99 SE 5TH STREET #120		2.3 STREET ADDRESS 8400 NW 25 St. #100	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, Florida 33122	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **President** 5/15/97 305-418-3200
Typed name of signing officer or director Daytime Phone #

CR2E034 (9/96)