

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **V08585** (4)

MAY - 1 AM 5:36

1. Corporation Name
MIA ASSOCIATES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
11830 SW 24TH TERRACE MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/22/1992** 3a. Date of Last Report **07/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For Not Applicable	
21		26		65-0321988			
Suite Apt # etc		Suite Apt # etc		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		□ \$5.00 May Be Added to Fees	
City & State		City & State		28		6. Has Corporation this liability for litigation (see Section 607.0505, Florida Statutes)	
23		28		□ Yes		X No	
City		City		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

FERNANDEZ, JESUS
11830 SW SW 24 TERR
MIAMI FL 33175

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1.	
TITLE	PO FERNANDEZ, JESUS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11830 SW 24TH TERR.	2. NAME	
STREET ADDRESS	MIAMI FL 33175	3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(2)(b), Florida Statutes. I further certify that the information indicated in 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. I am an officer or director of the corporation or the registered agent thereof empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Jesús Fernández*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/22/91
Date