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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(0)

 Corporation Name MISTCO, INC.

2. Principal Place of Business

DOCUMENT #

Principal Place of Business 20855 N.E. 16TH AVENUE SUITE #C-1 NORTH MIAMI BEACH FL 33179

Mailing Address

2a. Mailing Address

PO BOX 694854 MIAMI FL 33269

> 3. Date Incorporated or Qualified 04/13/1992 4. FEI Number 65-0325589 5. Certificate of Status Desired

04/21/1995 Applied For Not Applicable

\$8.75 Additional

Fee Required

3a. Date of Last Red

26 21 Suite, Apt. #, etc. Suite, Apt. #. etc. 22 City & State City & State 28 23 Country Country Zφ Žφ 29 30 24 25 9. Name and Address of Current Registered Agent

\$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes

SHAPIRO, IRA R 13899 BISCAYNE BLVD SUITE 400 **MIAMI FL 33181**

	10. Name and Address of New Registered Agent				
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City 85 2	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.

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(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TILLE CR2E034 FREIDES, STUART S 1.2 NAME NAME 1940 N.E. 22ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition [] Change TT DELETE 2 1 TITLE TITLE HOUGHTALIN, MICHALE R 2.2 NAME 19401 N.E. 22ND AVENUE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 24 CITY-ST-ZIP CHTY - ST- ZIP Change Addition Addition DELETE 3 1 THILE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4. 1 HTLE THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5 1 DILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

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 119.07(3)(k). 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 it made under oath; that I arr an officer or director of the corporation or the receivor 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, pron an attachment with an address.