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May 05 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 # V40638

(1)

1. Corporation Name
MIRACLE MILE CORP.



Principal Place of Business

2333 PONCE DE LEON BLVD
SUITE 650
CORAL GABLES FL 33134
US

Mailing Address

2333 PONCE DE LEON BLVD
STE 650
CORAL GABLES FL 33134-5418
US

3. Date Incorporated or Qualified
05/29/1992

3a. Date of Last Report
06/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0338781

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTTMAN, RICHARD
2333 PONCE DE LEON BLVD
STE 650
CORAL GABLES FL 33134

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 PD ☐ DELETE

NAME ROSADO, JOSE F.
STREET ADDRESS 2333 PONCE DE LEON BLVD., #650
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VTSD ☐ DELETE

NAME BLANCO, FRANCISCO E.
STREET ADDRESS 2333 PONCE DE LEON BLVD., #650
CITY-ST-ZIP CORAL GABLES FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SUAREZ, ANTONIO
STREET ADDRESS 2333 PONCE DE LEON BLVD., #650
CITY-ST-ZIP CORAL GABLES FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME ARTOLA, VICTOR
STREET ADDRESS 2333 PONCE DE LEON BLVD., #650
CITY-ST-ZIP CORAL GABLES FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GARCIA, JOSE CARLOS BO
STREET ADDRESS 2333 PONCE DE LEON BLVD., #650
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 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)(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

305-447-8697

CR2E034 (9/96)