FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V50585 (1)

1. Corporation Name
M.I.G.B. CORP.

Principal Place of Business
5846 SW 2ND TERRACE
MIAMI FL 33144

Mailing Address
5846 SW 2ND TERRACE
MIAMI FL 33144

3. Date Incorporated or Qualified	3a. Date of Last Report
07/14/1992	05/03/1995

4. FEI Number: 65-0344814 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2238 NW 7 st	26 5846 sw 2nd terrace
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Miami Fla	28 City & State: Miami Fl
24 Zip: 33125 / 25 Country: USA	29 Zip: 33144 / 30 Country: USA

9. Name and Address of Current Registered Agent

GONZALEZ, MARIA ISABEL
215 S.W. 17 AVE
SUITE 205
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: Gonzalez, Maria Isabel
82 Street Address (P.O. Box Number is Not Acceptable): 2238 NW 7 st
83
84 City: Miami FL 85 Zip Code: 33125

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: Maria I. Gonzalez — 4/26/96 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	GONZALEZ, MARIA ISABEL	1.2 NAME	Maria Isabel, Gonzalez
STREET ADDRESS	5846 SW 2ND TERRACE	1.3 STREET ADDRESS	2238 NW 7st
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	Miami Fl 33125
TITLE	☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME		2.2 NAME	Candida R. Ugalde
STREET ADDRESS		2.3 STREET ADDRESS	2238 NW 7st
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami Fl 33125
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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5-1-96

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 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: Maria I Gonzalez — 4/26/96 — 305-6490128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)