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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
~~2200 NW 7TH STREET~~ ~~MIAMI FL 33125~~	~~5846 SW 2ND TERRACE~~ ~~MIAMI FL 33144~~

3. Date Incorporated or Qualified: 07/14/1992	3a. Date of Last Report: 05/01/1996
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
21 221 S.W. 22 Ave.	26 5846 S.W. 2 Terr.
22 Suite Apt. #, etc. Suite 218,	27 Suite Apt. #, etc.
23 City & State Miami. FL.	28 City & State Miami. Fl.
24 Zip 33126. 25 Country U.S.A.	29 Zip 33144 30 Country U.S.A.

9. Name and Address of Current Registered Agent

GONZALEZ, MARIA ISABEL
~~2200 NW 7TH STREET~~
~~MIAMI FL 33125~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5846 S.W. 2nd. Terrace,
83
84 City Miami. Florida FL 85 Zip Code 33144.

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, MARIA ISABEL	1.2 NAME	
STREET ADDRESS	~~2200 NW 7TH STREET~~	1.3 STREET ADDRESS	221 S.W. 22 Ave, Suite 218,
CITY-ST-ZIP	~~MIAMI FL 33125~~	1.4 CITY-ST-ZIP	Miami. Fl. 33126.
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	UGALDE, CANDIDA R	2.2 NAME	
STREET ADDRESS	~~2200 NW 7TH STREET~~	2.3 STREET ADDRESS	221 S.W. 22 Ave, Suite 218,
CITY-ST-ZIP	~~MIAMI FL 33125~~	2.4 CITY-ST-ZIP	Miami, Fl. 33126.
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	

CR2E034 (9/96)

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: _____ Maria Isabel Gonzalez 3/10/97 (305) 649-0128.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0619453