

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 'V65288 (5)**  
1. Corporation Name  
**MIRAGE USA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**8440 N. TAMiami TRAIL  
SARASOTA FL 34243**

Mailing Address  
**8440 N. TAMiami TRAIL  
SARASOTA FL 34243**

3. Date Incorporated or Qualified  
**09/21/1992**

4. FEI Number  
**59-3145008**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

29 **TAMPA FL**  
30 **33607**

9. Name and Address of Current Registered Agent  
**NORTON, SAM D ESQ.  
1819 MAIN STREET  
SUITE 610  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
81 Name **Dilip Kanji**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7627 COURTNEY CAMPBELL CSWY**  
83  
84 City **TAMPA** FL 85 Zip Code **33607**

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]* **Dilip Kanji**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>DPVS</b>	<input type="checkbox"/>
NAME	<b>DILIP, KANJI</b>	
STREET ADDRESS	<b>7627 COURTNEY CAMPBELL CSWY.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>DILIP, KANJI</b>	
STREET ADDRESS	<b>7627 COURTNEY CAMPBELL CSWY.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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]* **Dilip Kanji** 4/8/98 (813) 287-0911

CR2E034 (10/97)