

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **641871 (9)**
1. Corporation Name
MIGLIORE, INC.



Principal Place of Business Mailing Address
**C/O INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131
US**

2. Principal Place of Business 2a. Mailing Address
21 Subj. Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Organized **10/23/1979** 3a. Date of Last Report **02/20/1995**
4. FEI Number **59-1947619** 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

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131-1903**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83 City
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 for the person authorized to state or file this report

Signature for the person authorized to prepare this report

Date

OFFICERS AND DIRECTORS

DELETE

12	TITLE	PDT	<input type="checkbox"/> DELETE
	NAME	FROHLICH, ALFREDO	
	STREET ADDRESS	C/O ACIF,6885 NW 25TH ST	
	CITY-STATE-ZIP	MIAMI FL	
	TITLE	AS	<input type="checkbox"/> DELETE
	NAME	FROHLICH, ALFREDO	
	STREET ADDRESS	C/O ACIF,6885 NW 25TH ST	
	CITY-STATE-ZIP	MIAMI FL	
	TITLE	VPS	<input type="checkbox"/> DELETE
	NAME	FROHLICH, ANDREA	
	STREET ADDRESS	C/O ACIF,6885 NW 25TH ST	
	CITY-STATE-ZIP	MIAMI FL	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-STATE-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-STATE-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	12 NAME	
	13 STREET ADDRESS	
	14 CITY-STATE-ZIP	
	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	22 NAME	
	23 STREET ADDRESS	
	24 CITY-STATE-ZIP	
	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	32 NAME	
	33 STREET ADDRESS	
	34 CITY-STATE-ZIP	
	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	42 NAME	
	43 STREET ADDRESS	
	44 CITY-STATE-ZIP	
	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	52 NAME	
	53 STREET ADDRESS	
	54 CITY-STATE-ZIP	
	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	62 NAME	
	63 STREET ADDRESS	
	64 CITY-STATE-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 if made under oath; that I am an officer or director of the corporation; that I, as officer or trustee, am 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 in Block 14 if added, to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfredo Frohlich

3/11/96 305 931-1977

CR2E034 (12/95)