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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 # **698172** **(4)**

1. Corporation Name
JUST A SECOND, INC.

Principal Place of Business	Mailing Address
% IREL V MILLER 817 NE 154TH STREET N MIAMI BEACH FL 33162 3300 N.E 191ST # LP-16 Aventura, FL 33180	% IREL V MILLER 817 NE 154TH STREET N MIAMI BEACH FL 33162-5234 3300 N.E 191 St # LP-16 Aventura, FL 33180

3. Date Incorporated or Qualified: 08/05/1981
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26: 3300 N.E 191st
Suite, Apt. #, etc.
27: # LP-16
City & State
28: Aventura, FL
Zip / Country
29: 33180 / 30: U.S.A.

4. FEI Number: 59-1251426 ☐ 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

MILLER, IREL V
817 NE 154TH STREET
N MIAMI BEACH FL 33162
3300 N.E. 191st
LP-16
Aventura, FL
33180

10. Name and Address of New Registered Agent

81 Name: Teresa M. Collins, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 3300 N.E. 191 St # LP-16
83
84 City: Aventura FL 85 Zip Code: 33180

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: Irel V. Miller 3/7/97
Signature of new 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	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, IREL V		1.2 NAME	
STREET ADDRESS	817 NE 154TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH., FL 00000		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ANN MARIE		2.2 NAME	
STREET ADDRESS	817 NE 154TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH., FL 00000		2.4 CITY-ST-ZIP	
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: Irel V. Miller (CONTINUED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97
Date

(305) 932-9692
Daytime Phone #

0221496