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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 752691 (6)

1. Corporation Name
MILLER GARDENS INC.



Principal Place of Business Mailing Address
C/O THE CONTINENTAL GROUP 12079 SW 131 AVENUE MIAMI FL 33186

3. Date Incorporated or Qualified 05/30/1980
3a. Date of Last Report 02/05/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
4. FEI Number 59-2194449 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
BECKER & POLIAKOFF
6161 BLUE LAGOON DR.
STE. #250
MIAMI FL 33126
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROGA, LUIS	1.2 NAME	
STREET ADDRESS	2412 S.W. 124TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, GLORIA	2.2 NAME	VPD PEREZ ENRIQUE
STREET ADDRESS	5900 SW 127TH AVENUE, # 2201	2.3 STREET ADDRESS	5800 S.W. 127 AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	APT 2113 MIAMI, FL
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAAMANO, SILVIA	3.2 NAME	FD GAMES, Alfredo
STREET ADDRESS	5800 SW 127TH AVENUE, # 2111	3.3 STREET ADDRESS	5800 S.W. 127 AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	APT 2104 MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGADO, DOREACA	4.2 NAME	SD DE VARONA, Daniel
STREET ADDRESS	5700 SW 127 AVE. #1412	4.3 STREET ADDRESS	5900 SW 127 AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	APT 3416 MIAMI FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIGA, CARMEN	5.2 NAME	
STREET ADDRESS	5900 SW 127 AVE. #3303	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAYUNO, CONNIE	6.2 NAME	D Ledesma Maria L
STREET ADDRESS	5900 SW 127 AVE. #3317	6.3 STREET ADDRESS	5700 SW 127 AVE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	APT 1207 MIAMI FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 1.29.97 DAYTIME PHONE: 382.4348

CFR2E037 (9/96)