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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 752691

1. Corporation Name

MILLER GARDENS INC.

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

Mailing Address
 C/O THE CONTINENTAL GROUP
 12079 SW 131 AVENUE
 MIAMI FL 33186



101545-20000

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/30/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2194449	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
Country		Country		<input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF 6161 BLUE LAGOON DR. STE. #250 MIAMI FL 33126				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ-SILVA, OLGA	1.2 NAME	Cary Guzman
STREET ADDRESS	5800 SW 127 AVE #2309	1.3 STREET ADDRESS	5900 SW 127 AVE #3219
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	miami FL 33196
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, ENRIQUE	2.2 NAME	Miguel I. Aguilera
STREET ADDRESS	5800 S.W. 127 AVE., APT 2113	2.3 STREET ADDRESS	5700 SW 127 AVE #1418
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	miami FL 33196
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMES, ALFREDO	3.2 NAME	Gloria Poo
STREET ADDRESS	5800 S.W. 127 AVE., APT 2104	3.3 STREET ADDRESS	5900 SW 127 AVE #3106
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	miami FL 33196
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIGA, CARMEN	4.2 NAME	Jose Perez
STREET ADDRESS	5900 SW 127 AVE. #3303	4.3 STREET ADDRESS	5700 SW 127 AVE #1105
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	miami FL 33196
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Jorge Sarasti
STREET ADDRESS		5.3 STREET ADDRESS	5900 SW 127 AVE #3305
CITY-ST-ZIP		5.4 CITY-ST-ZIP	miami FL 33196
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Luis Quiroga
STREET ADDRESS		6.3 STREET ADDRESS	3401 SW 124 AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	miami FL 33125

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

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____

CR2E037 (11/98)