### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

### 1999

## DOCUMENT # 752691

### MILLER GARDENS INC.

# **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90052 003 \*\*\*\*61.25

101545 - 3000-

Principal Place of Business Mailing Address						
C/O THE CON 12079 SW 131 MIAMI FL 3318	C/O THE CONTINENTAL G 12079 SW 131 AVENUE MIAMI FL 33186	N 131 AVENUE				
Principal Place of Business     2a. Mailing Address						3. Date Incorporated or Qualifed
21		26				05/30/1980
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			~~-	Applied For
22		27				59-2194449 Not Applicable
City & State	•	City & State				5. Certifcate of Status Desired   \$8.75 Additional Fee Required
Zip	Country	Zip	Country			6. Election Campaign Financing \$5.00 May Be
24	25	29	30			Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
			ł	``	Name	
BECKER & POLIAKOFF			[	82 Street Address (P.O. Box Number is Not Acceptable)		
6161 BLUE LAGOON DR.				83		
STE. #250				0.5		
MIAM! FL				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 AN	_ <del></del>	13.		<u> </u>	CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1 111	LE		Cary Guzman Change PAddition
NAME	FERNANDEZ-SILVA, OLGA		1.2 NA	ME		5900 SW 127 AVE #3219
STREET ADDRESS	5800 SW 127 AVE #2309		1.3 STI	REET	ADDRESS (	· _
CITY-ST-ZIP	MIAMI FL 33196		1.4 CIT	Y-S		Miami F1 33196
TITLE	VPD	DELETE	2.1 717	LE	1	PD Cours le DO Change Addition
NAME	PEREZ, ENRIQUE		2.2 NA	ME		miguel I. Aguilera
STREET ADDRESS	5800 S.W. 127 AVE., APT 2113		2.3 ST	REET	ADDRESS	5000 SW 13 1 ANC - 1710
CITY-ST-ZIP	MIAMI FL		2. 4 Cf	TY-S	T-ZIP	miami =1 33146
TITLE	ŤD	☐ DELETE	3.1 111	ΊĒ	}	Change Addition
NAME	GAMES, ALFREDO		3.2 NA		· ·	\$100,0200 \$000,000,000
STREET ADDRESS	5800 S.W. 127 AVE., APT 2104					59006W 187 HUE# 5100
CITY-ST-ZIP	MIAMI FL	[] OELETE	3.4. Cf	_	iT-ZIP	Change Addition
TITLE	D	DELETE	4.1 117		-	E Donn
NAME	GARRIGA, CARMEN		4. 2 N/			JOSE 10107 1105
STREET ADDRESS	*****		•		TADDRESS   4	57008W 137AVE#1105
CITY-ST-ZIP	MIAMI FL	☐ DELETE	4.4 CIT	_	1-219	Change Addition
NAME			5.2 NA		1	Tome Someti
STREET ADDRESS			5.3 ST	REET	r ADDRESS	20086 (D. 1877 AVE #3305)
CITY-ST-ZIP			5.4 CI	Y-\$1	T-ZIP	Migray III , 331910
TITLE		☐ DELETE	6.1 TIT	LE		Change Addition
NAME			6.2 NA	ME	, l	TUS QUIDOR
STREET ADDRESS			6.3 ST	REET	TADORESS	SVATED WE IGHE
CITY-ST-ZIP			6.4 CN			marit 3315
14. I hereby o	certify that the information supplied wit	h this filing does not qualify fo	the exe	npti	ion 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 cath; that I am ar 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:

SIGNATURE REQUIRED