

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000099294
 1. Corporation Name
 Millennium Worldwide Construction Services, Inc

Principal Place of Business: 3920 Riverland Rd Ft. Lauderdale, FL 33312
 Mailing Address: 3920 Riverland Rd Ft. Lauderdale, FL 33312

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 11/21/97

4. FEI Number: 650796055

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 3920 Riverland Rd
 2a. Mailing Address: 3920 Riverland Rd

21. City & State: Ft. Lauderdale FL
 22. Zip: 33312

23. City & State: Ft. Lauderdale FL
 24. Zip: 33312

25. Country: USA
 26. City & State: Ft. Lauderdale
 27. Zip: 33312
 28. Country: USA
 29. Zip: 33312
 30. Country: USA

9. Name and Address of Current Registered Agent
 John Gandia
 3920 Riverland Rd
 Ft. Lauderdale, FL 33312

10. Name and Address of New Registered Agent

81. Name: Fabian Basabe
 82. Street Address (P.O. Box Number is Not Acceptable): 3920 Riverland Rd
 83. City: Ft. Lauderdale, FL
 84. Zip Code: 33312

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: Fabian Basabe
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	John Gandia	
STREET ADDRESS	3920 Riverland Rd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	George Pearson	
STREET ADDRESS	3920 Riverland Rd	
CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Anne M. Berube	
STREET ADDRESS	3920 Riverland Rd	
CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fabian Basabe	
1.3 STREET ADDRESS	3920 Riverland Rd	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
2.1 TITLE	Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Daniel Brismeur	
2.3 STREET ADDRESS	3920 Riverland Rd	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 ***61.25

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 10/5

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

SIGNATURE: Daniel Brismeur 8/21/98 954-587-0054

CR2E034 (5/98)