


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90037 004 \*\*\*158.75

0574999

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000103981**  
 1. Corporation Name  
**DM MILLENNIUM, INC.**

Principal Place of Business: 1001 WEST CYPRESS ROAD SUITE 320 FORT LAUDERDALE FL 33309  
 Mailing Address: 1001 WEST CYPRESS ROAD SUITE 320 FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1847 N.W. 20th Street, Suite, Apt. #, etc.  
 2a. Mailing Address: 1847 N.W. 20th Street, Suite, Apt. #, etc.  
 23. City & State: Miami, FL 33142  
 28. City & State: Miami, FL 33142  
 24. Zip Country  
 25. Zip Country  
 29. Zip Country  
 30. Zip Country

3. Date Incorporated or Qualified: 12/10/1997  
 4. FEI Number: ~~APPLIED FOR~~ 65-0830159  
 Applied For:  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 owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION COMPANY OF MIAMI**  
**201 S BISCAYNE BLVD**  
**1600 MIAMI CENTER**  
**MIAMI FL 33131**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	AGUIRRE, CAMILO	
STREET ADDRESS	1001 W. CYPRESS CIR. RD #320	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MACEDO, DAVID	
STREET ADDRESS	1001 W. CYPRESS CR. RD. #320	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERREIRRA DE OLIVEIRA, MARIA CIDALIA	
1.3 STREET ADDRESS	1847 N.W. 20th Street	
1.4 CITY-ST-ZIP	Miami, FL 33142	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: *Maria Cidalia Ferreira de Oliveira* **REQUIRED** 4-1-99 (305) 324-9080  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Maria Cidalia Ferreira de Oliveira, President

CR2E034 (11/98)