FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10: 39

DOCUMENT # **641871** **(9)**

1. Corporation Name
MIGLIORE, INC.

Principal Place of Business	Mailing Address
%PENINSULAR REGISTERED AGENTS 200 S.E. 1ST ST., PENTHOUSE MIAMI FL 33131-1903	%PENINSULAR REGISTERED AGENTS 200 S.E. 1ST ST., PENTHOUSE MIAMI FL 33131-1903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1979
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Intrastate Registered Agent Corporation	26 c/o Intrastate Registered Agent Corporation
22 Suite, Apt. #, etc. 701 Brickell Avenue Suite 3000	27 Suite, Apt. #, etc. 701 Brickell Avenue Suite 3000
23 City & State Miami, Florida	28 City & State Miami, Florida
24 Zip 33131 / 25 Country USA	29 Zip 33131 / 30 Country USA

4. FEI Number: 59-1947619 ☐ 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	10. Name and Address of New Registered Agent
PENINSULAR REGISTERED AGENTS, INC. 200 S.W. 1ST STREET, PENTHOUSE ATICO FINANCIAL CENTER MIAMI FL 33131-1903	81 Name: Intrastate Registered Agent Corporation 82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue 83 Suite 3000 84 City: Miami FL 85 Zip Code: 33131

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 [illegible] and the if applicable

SIGNATURE: BY: INTRASTATE REGISTERED AGENT CORP. — DATE: 2/10/95

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	FROHLICH, ALFREDO	1.2 NAME	
STREET ADDRESS	C/O ACIF,6885 NW 25TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	FROHLICH, ALFREDO	2.2 NAME	
STREET ADDRESS	C/O ACIF,6885 NW 25TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	☒ Change ☐ Addition
NAME	~~FROHLICH, ANDRE~~	3.2 NAME	FROHLICH, ANDREA
STREET ADDRESS	C/O ACIF,6885 NW 25TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ALFREDO FROHLICH 2-14-95 305-994-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0131604 CP