


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752691 (6) 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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2194449	Applied For Not Applicable
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 Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BECKER & POLIAKOFF 6161 BLUE LAGOON DR. STE. #250 MIAMI FL 33126			10. Name and Address of New Registered Agent		
			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85 Zip Code
				FL	
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 AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUIROGA, LUIS		1.2 NAME	Olga Fernandez-Silva	
STREET ADDRESS	2412 S.W. 124TH AVE.		1.3 STREET ADDRESS	5800 SW 127 Ave., #2309	
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP	Miami, Fl 33196	
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, ENRIQUE		2.2 NAME	Delia Arrillaga	
STREET ADDRESS	5800 S.W. 127 AVE., APT 2113		2.3 STREET ADDRESS	5800 SW 127 Ave., #2419	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl 33196	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMES, ALFREDO		3.2 NAME		
STREET ADDRESS	5800 S.W. 127 AVE., APT 2104		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVARONA DANIEL		4.2 NAME		
STREET ADDRESS	5900 SW 127 AVE APT 3416		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIGA, CARMEN		5.2 NAME		
STREET ADDRESS	5900 SW 127 AVE. #3303		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDESMA, MARIA L.		6.2 NAME		
STREET ADDRESS	5900 SW 127 AVE., APT 1207		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 1-22-98
Daytime Phone # 0027727

CR2E037 (10/97)