

41 FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 346465 (8)

1. Corporation Name

H. MILLER AND SONS, INC.



Principal Place of Business

700 NW 107 AVE  
MIAMI FL 33172

Mailing Address

700 NW 107 AVE  
MIAMI FL 33172

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J. ESQ.  
700 NW 107TH AVENUE  
4TH FLOOR  
MIAMI FL 33172

3. Date Incorporated or Qualified

05/19/1969

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0947279

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

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

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD  
MILLER, LEONARD  
700 NW 107 AVE  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS  
WATSKY, MORRIS J.  
700 NW 107 AVE  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD  
BOLOTIN, IRVING  
700 NW 107 AVE  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD  
PEKOR, ALLAN J  
700 NW 107 AVE  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS  
SANTAELLA, GRACE  
700 NW 107 AVE  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD  
COLE, ROBERT B  
700 NW 107 AVE  
MIAMI FL

☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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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)(k), 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:

Grace Santaella  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-96 (305) 229-6400

Daytime Phone

CR2E034 (12/95)