

47 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 # 507408 (3)

1. Corporation Name

H. MILLER & SONS OF FLORIDA, INC.



Principal Place of Business

700 NW 107 AVE
MIAMI FL 33172

Mailing Address

700 NW 107 AVE
MIAMI FL 33172

3. Date Incorporated or Qualified
07/19/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FET Number

59-1678774

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

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

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 line if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME COLE, ROBERT
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME PEKOR, ALLAN J
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DC
NAME MILLER, LEONARD
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE V
NAME KRONICK, SHERMAN J.
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME BOLOTIN, IRVING
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AS
NAME SANTAELLA, GRACE
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001809814
-03/06/96--91949-043
***200.00

300001811303
-05/07/96--01089-043
***200.00

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

4/4/96 (305)
229-6400
Date Daytime Phone

CR2E034 (12/95)