

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

760
700 NW 107 AVE
MIAMI FL 33172

Mailing Address

760
700 NW 107 AVE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1976	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1678774	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WATSKY, MORRIS J. ESQ. 700 NW 107TH AVE. 4TH FL MIAMI FL 33172				10. Name and Address of New Registered Agent 81 Name Rubin, Shelly, VP Finance 82 Street Address (P.O. Box Number is Not Acceptable) 760 NW 107th Ave 83 84 City Miami FL 85 Zip Code 33172	

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 title if applicable

Shelly Rubin

(NOTE: Registered Agent signature required when reinstalling)

DATE

3/30/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	COLE, ROBERT		1.2 NAME	Miller, STUART A			
STREET ADDRESS	700 NW 107 AVE		1.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33172			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PEKOR, ALLAN J		2.2 NAME	Krasnoff, Jeffrey P.			
STREET ADDRESS	700 NW 107 AVE		2.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33172			
TITLE	DC	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILLER, LEONARD		3.2 NAME				
STREET ADDRESS	700 NW 107 AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KRONICK, SHERMAN J.		4.2 NAME	Rubin, Shelly			
STREET ADDRESS	700 NW 107 AVE		4.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI FL 33172			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BOLOTIN, IRVING		5.2 NAME	JORDAN, Margaret			
STREET ADDRESS	700 NW 107 AVE		5.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI FL 33172			
TITLE	AS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SANTAELLA, GRACE		6.2 NAME	McMickle, J.T			
STREET ADDRESS	700 NW 107 AVE		6.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI FL 33172			

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.

SIGNATURE:

J.T. McMickle

J.T. McMickle 3/25/98 3/25/98

CR2E034 (10/97)