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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

04-29-1999 90247 021 ***150.00
507408

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DOCUMENT # 507408

1. Corporation Name
H. MILLER & SONS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
760 NW 107 AVE MIAMI FL 33172	760 NW 107 AVE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1976

2. Principal Place of Business (21)

2a. Mailing Address (28)

Suite, Apt. #, etc. (22): Suite 300

Suite, Apt. #, etc. (27): Suite 300

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBIN, SHELLY
760 NW 107TH AVE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): Suite 300

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☒ Change ☒ Addition
NAME	MILLER, STUART A.		1.2 NAME		
STREET ADDRESS	760 NW 107TH AVE		1.3 STREET ADDRESS	700 NW 107 AVE Suite 314	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	KRASSNOFF, JEFFREY P.		2.2 NAME	Krasnoff, Jeffrey P	
STREET ADDRESS	760 NW 107TH AVE		2.3 STREET ADDRESS	Suite 300	
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	RUBIN, SHELLY		4.2 NAME		
STREET ADDRESS	760 NW 107TH AVE		4.3 STREET ADDRESS	Suite 300	
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	JORDAN, MARGARET		5.2 NAME		
STREET ADDRESS	760 NW 107TH AVE		5.3 STREET ADDRESS	Suite 300	
CITY-ST-ZIP	MIAMI FL 33172		5.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	6.1 TITLE	AS	☒ Change ☒ Addition
NAME	MCMICKLE, J.T.		6.2 NAME	Arnett, Peta-Gay	
STREET ADDRESS	760 NW 107TH AVE		6.3 STREET ADDRESS	Suite 300	
CITY-ST-ZIP	MIAMI FL 33172		6.4 CITY-ST-ZIP		SP

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MARGARET JORDAN, TREASURER 4/26/99 305-485-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)