

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10: 39

DOCUMENT # **641871** (9)

1. Corporation Name
MIGLIORE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business *PENINSULAR REGISTERED AGENTS 200 S.E. 1ST ST., PENTHOUSE MIAMI FL 33131-1903	Mailing Address *PENINSULAR REGISTERED AGENTS 200 S.E. 1ST ST., PENTHOUSE MIAMI FL 33131-1903
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3. Date Incorporated or Qualified 10/23/1979	3a. Date of Last Report 02/10/1994
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2. Principal Place of Business 21 c/o Intrastate Registered Agent Corporation Suite, Apt., etc. 701 Brickell Avenue Suite 3000 City & State Miami, Florida Zip 33131	2a. Mailing Address 26 c/o Intrastate Registered Agent Corporation Suite, Apt., etc. 701 Brickell Avenue Suite 3000 City & State Miami, Florida Zip 33131
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4. FEI Number 59-1947619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PENINSULAR REGISTERED AGENTS, INC.
200 S.W. 1ST STREET, PENTHOUSE
ATICO FINANCIAL CENTER
MIAMI FL 33131-1903**

10. Name and Address of New Registered Agent

81 Name Intrastate Registered Agent Corporation	
82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue	
83 Suite Suite 3000	
84 City Miami	85 Zip Code FL 33131

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, **REGISTERED AGENT CORP.**

SIGNATURE *Alfredo Frohlich* (NOTE: Registered Agent signature required when registering) DATE **2/10/95**

12. OFFICERS AND DIRECTORS	
TITLE PDT	FROHLICH, ALFREDO C/O ACIF, 6885 NW 25TH ST MIAMI FL
TITLE AS	FROHLICH, ALFREDO C/O ACIF, 6885 NW 25TH ST MIAMI FL
TITLE VPS	FROHLICH, ANDRE C/O ACIF, 6885 NW 25TH ST MIAMI FL
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FROHLICH, ANDREA
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 otherwise in agreement with an address.

SIGNATURE: *Alfredo Frohlich* 2-14-95 305-921-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Telephone No.)