

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **641871 (9)**
1. Corporation Name
MIGLIORE, INC.



Principal Place of Business Mailing Address
**C/O INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131
US**

2. Principal Place of Business 2a. Mailing Address
21 Subj. Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Organized **10/23/1979** 3a. Date of Last Report **02/20/1995**
4. FEI Number **59-1947619** 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
**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131-1903**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83 City
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 _____ DATE _____
I, _____, Secretary of State, do hereby certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	FROHLICH, ALFREDO	
STREET ADDRESS	C/O ACIF, 6885 NW 25TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FROHLICH, ALFREDO	
STREET ADDRESS	C/O ACIF, 6885 NW 25TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	FROHLICH, ANDREA	
STREET ADDRESS	C/O ACIF, 6885 NW 25TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-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 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; that I, as officer or trustee, am 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 in Block 14 if an addition.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 305 931-1977

CR2E034 (12/95)