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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 673934

(6)

JACK MILLER INC.

Principal Place of Business

(

Mailing Address

FILED

Jan 17 1997 8:00am

Secretary of State

4840 S.W. 141 AVE. Miami Fl 33175		4840 S.W. 141 AVE. MIAMI FL 33175-4820					
					3. Date Incorporated or Qualified 06/18/1980	3a. Date of Last 05/01/1996	
2. Principal Fla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For		pplied For
21		26	26			59-2007892 Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·······		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State	·····-q		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country Zip (4 25 29 3			Count 30			s. 199.032,	
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Reg	lstered Agent	
ARROM, ORLANDO, CPA				1 Name			
10556 N.W. 26TH ST SUITE 203 MIAMI FL 33172			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
			8	3			
			8	4 City		FL 85 Zip	Code
office or red	g-stered agent, or both, in the	7.0502 and 607.1508, Florida State State of Florida Such change was obligations of, Section 607.0505, F	authorized	by the corpor	progration submits this statement for the praction's board of directors. I hereby accep	urpose of changing t the appointment a	its registered s registered
SIGNATURE _			76 60			DATE	
12.	Signature, typed or pristed marile of register OFFICERS	S AND DIRECTORS	13.	gen. signature rec	pulred when reinstating) ADDITIONS/CHANGES TO OFFIC		PS IN 12
TITLE	P	DELETE	1 1 1171.0		7,001101000171100010 10 07110	Change	
NAME	MILLER, JACK		1.2 NAM	i			
STREET ADDRESS	4840 S.W. 141ST AVE		13 STRE	ET ADDRESS			
CITY - ST - ZIP	MIAMI FL		1	- ST - ZIP			Ì
TITLE	V	☐ DELETE	2.1 TITLE	····		☐ Change	Addition
NAME	MILLER, CARMEN		2.2 NAME				
STREET ADDRESS	4840 S.W. 141ST AVE		23 STRE	ET ADDRESS			
CHY-ST-ZiP	MIAMI FL		2 4 CHY	-ST-ZIP			
TITLE		DELETE	3.1 THU			Change	☐ Addition
NAME			3 2 NAM	E			Į
STREET ADDRESS			3.3 STRI	ET ADDRESS			
CITY - ST - ZIP			3.4. C(1)	-ST-ZIP			
TITLE		DELETE	4 † THTL		•	Change	Addition
NAME			4 2 NAN	1E			
STREET ADDRESS			4.3 STRE	EI ADDRESS			
CITY - ST - ZIP				-ST-ZIP			
TITLE		DELETE.	5 1 TITL			Change	Addition
NAMÉ			5 2 NAM				
STREET ADDRESS			5.3 STR	ET ADDRESS			
CITY - ST - ZIP							
		I Briters		- ST - ZIP			4 3 3 3 7
THLE		DELETE	6.1 YITE			☐ Change	Addition
NAIVE		DELETE	6.1 TITU 6.2 NAM	E E		☐ Change	Addition
į		DELETE	6.1 TITU 6.2 NAM 6.3 STRI			☐ Change	Addition

information indicated on this arminal 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 cooperal on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if I have not an attachment with an address.

SIGNATURE:

HOL AND TARE OF BOILDED HAME OF SIGNING OFFICED OF DIRECTOR

1-13-97 3N-3X-9000