

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

DOCUMENT # **F94000004153 (2)**  
Corporation Name  
**MILES LOURIE INC.**



Principal Place of Business 3530 ST. GAUDENS COURT COCONUT GROVE FL 33133		Mailing Address 3530 ST. GAUDENS COURT COCONUT GROVE FL 33133	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		25	
29		30	
9. Name and Address of Current Registered Agent			
LOURIE, MILES J 3530 ST. GAUDENS COURT COCONUT GROVE FL			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
FL 85 Zip Code			
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		DATE	
[Signature]		1/13/98	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	PCVS	DELETE	
NAME	LOURIE, MILES J		
STREET ADDRESS	3530 ST. GAUDENS COURT		
CITY - ST - ZIP	COCONUT GROVE FL 33133		
TITLE	TD	DELETE	
NAME	LOURIE, MILES J		
STREET ADDRESS	3530 ST. GAUDENS COURT		
CITY - ST - ZIP	COCONUT GROVE FL 33133		
TITLE	SVP	DELETE	
NAME	LOURIE, LYN		
STREET ADDRESS	3530 ST. GAUDENS CT		
CITY - ST - ZIP	COCONUT GROVE FL 33133		
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: [Signature] **NOTRE REQUIRED**

1/13/98 305484 1001

CR2E034 (10/97)