

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F97000001846

1. Corporation Name
MILAM PROPERTIES INC.

Principal Place of Business
7195 N.W. 30TH STREET
MIAMI FL 33122

Mailing Address
7195 N.W. 30TH STREET
MIAMI FL 33122

99 APR -1 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1997	
21 Suits, Apt. #, etc.		26 Suits, Apt. #, etc.		4. FEI Number 65-0688471	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No	

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LANDERS, ARTHUR 7195 N.W. 30TH STREET MIAMI FL 33122		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 86 Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1806, 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 607.0606, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE ☐ Change ☐ Addition	TITLE	1.1 TITLE ☐ Change ☐ Addition
NAME	1.2 NAME	NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP	CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE ☐ Change ☐ Addition	TITLE	2.1 TITLE ☐ Change ☐ Addition
NAME	2.2 NAME	NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE ☐ Change ☐ Addition	TITLE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME	NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE ☐ Change ☐ Addition	TITLE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME	NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE ☐ Change ☐ Addition	TITLE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME	NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE ☐ Change ☐ Addition	TITLE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME	NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP	CITY-ST-ZIP	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)(f), 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 registered agent authorized 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**

1/12/99 305-593-2916