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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

MILLER CHIE SERVICE INC

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90025 015 ***150.00

	GOEF SERVICE, INC.							
Principal Place	e of Business	Ma	ailing Address				1	16)
10200 S.W. 56TH STREET 10200 S.W. 56TH STREET MIAMI FL 33165 MIAMI FL 33165							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed 01/28/1983	
2. Principal Place of Business			2a. Mailing Address			_	4. FEI Number Applied For	`
21		26					59-2252117 Not Applica	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional Fee Required	1
City & State	e		City & State	2 .			6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	_
Zip	Country	\vdash	Zip	Cour	ntry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax. Yes No	
	9. Name and Address of Currer	nt Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent	
NAV	ARRO, JOSE A.			Ţ	۱.	, 40111C		
7950 W. FLAGLER ST., SUITE 104					82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
MIAIM	MI FL 33144				83			
				ŀ	84	City	FL 85 Zip Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation	of Florid	da. Such change was a , Section 607.0505, Flo	uthorized rida Statu	by th tes.	he corporation	ration submits this statement for the purpose of changing its registere o's board of directors. I hereby accept the appointment as registered	a
0.	Signature, typed or printed name of registered age				Agent	signature required		
12.	OFFICERS AN	ID DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Add	_
TITLE	PD		DELETE	1.1 TIT	ᄩ			lition
NAME							- · -	lition
	ARNAIZ, RAUL			1.2 NA			_ , _	lition
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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, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR