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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G80931 (0)

1. Corporation Name
MILDER INT. CORP.

Principal Place of Business

7105 N.W. 50TH STREET
MIAMI FL 33166-5637
US

Mailing Address

7105 N.W. 50TH STREET
MIAMI FL 33166-5637
US



3. Date Incorporated or Qualified 12/21/1983
3a. Date of Last Report 04/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2922 N.W. 109th Ave.	26 2922 N.W. 109th Ave.	59-2347241	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Miami, FL	28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip		
24 33172	29 33172	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

REYES, HUGO
8215 LAKE DR
APT. B 303
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
Reyes, Hugo	FL
82 Street Address (P.O. Box Number is Not Acceptable)	
8270 N.W. 10 St. # H-6	
83 Miami, Fla. 33126	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	REYES, HUGO	1.2 NAME	Reyes, Hugo
STREET ADDRESS	8215 LAKE DR APT. B-303	1.3 STREET ADDRESS	8270 N.W. 10 St # H-6
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fla. 33126
TITLE	DST	2.1 TITLE	DST
NAME	REYES, MILD A.	2.2 NAME	Reyes, Milda A.
STREET ADDRESS	8215 LAKE DR APT B-303	2.3 STREET ADDRESS	8270 N.W. 10 St. # H 6
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fla. 33126
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Milda A. Reyes* WILDA A. REYES

4/21/97

(305) 477-5256

CR2E034 (9/96)