

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G80931 (0) 1. Corporation Name Milder International Corp.			
Principal Place of Business		Mailing Address	
2922 N.W. 109th Ave. Miami, FL 33172		2922 N.W. 109th Ave. Miami, FL 33172	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		12/21/83	
22 City & State		4. FEI Number	
23 Zip		59-2347241	
24 Country		Applied For	
25		Not Applicable	
26		5. Certificate of Status Desired	
27		<input type="checkbox"/> \$8.75 Additional Fee Required	
28		6. Election Campaign Financing	
29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Reyes, Hugo		81 Name	
8270 N.W. 10th St., Apt. H-6		82 Street Address (P.O. Box Number is Not Acceptable)	
Miami, FL 33126		Correct Apt. Num. to: "H-6B"	
		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 _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reyes, Hugo	1.2 NAME	
STREET ADDRESS	8270 N.W. 10th St., Apt. H-6	1.3 STREET ADDRESS	Correct Apt. Num. to: "H-6B"
CITY - ST - ZIP	Miami, FL	1.4 CITY - ST - ZIP	33126
TITLE	D/S/T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reyes, Milda A.	2.2 NAME	
STREET ADDRESS	8270 N.W. 10th St., Apt. H-6	2.3 STREET ADDRESS	Correct Apt. Num. to: "H-6B"
CITY - ST - ZIP	Miami, FL	2.4 CITY - ST - ZIP	33126
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	10000252054
STREET ADDRESS		5.3 STREET ADDRESS	-05/14/98--01089--021
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(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: <u>Milda A. Reyes</u>		Milda A. Reyes 4/22/98 (305) 477-5256	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)