

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90102 041 \*\*\*150.00

0020141

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # G91109**

1. Corporation Name

**MIAMI METRO VENDING CORPORATION**

Principal Place of Business

1688 MERIDIAN AVENUE  
SUITE 203  
MIAMI BEACH FL 33139

Mailing Address

1688 MERIDIAN AVENUE  
SUITE 203  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/13/1984**

4. FEI Number

**65-0006921**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **4141 NE Second Ave**

Suite, Apt. #, etc.

22 **Suite 106A**

City & State

23 **Miami, FL**

Zip

24 **33137**

Country

2a. Mailing Address

26 **4141 NE Second Ave**

Suite, Apt. #, etc.

27 **Suite 106A**

City & State

28 **Miami, FL**

Zip

29 **33137**

Country

9. Name and Address of Current Registered Agent

**MILBERG, MICHAEL**  
**1688 MERIDIAN AVENUE**  
**SUITE 203**  
**MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4141 NE Second Ave**

83 **Suite 106A**

84 City

**Miami, FL**

FL

85 Zip Code

**33137**

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

TITLE **P** ☐ DELETE

NAME **MILBERG, MICHAEL**

STREET ADDRESS **1688 MERIDIAN AVENUE**

CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **S** ☐ DELETE

NAME **MILBERG, GLENNA**

STREET ADDRESS **1688 MERIDIAN AVENUE**

CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **4141 NE Second Ave, Suite 106A**

1.4 CITY-ST-ZIP **Miami, FL 33137**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **4141 NE Second Ave, Suite 106A**

2.4 CITY-ST-ZIP **Miami, FL 33137**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**Michael Milberg, Pres.** 2/17/99 305-576-1312

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)