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Mar 05 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 # H50347 (4)
1. Corporation Name
MILLARD INTERNATIONAL INC.



Principal Place of Business
550 BILTMORE WAY
SUITE 1230
CORAL GABLES FL 33134
US

Mailing Address
P.O. BOX 811510
BOCA RATON FL 33481-1510

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/03/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2542826	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

LEVY, ANITA HORVATH
6605 NW 24 AVE.
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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	PD	1.1 TITLE	PD
NAME	LEVY, JACK M	1.2 NAME	Levy, Jack M.
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #407G	1.3 STREET ADDRESS	550 Biltmore Way Ste. 1230
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	CD	2.1 TITLE	CD
NAME	LEVY, ANITA H	2.2 NAME	Levy, Anita H.
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #407G	2.3 STREET ADDRESS	550 Biltmore Way Ste. 1230
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	STD	3.1 TITLE	STD
NAME	BORKOWSKI, HARRIET	3.2 NAME	Borkowski, Harriet
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #407G	3.3 STREET ADDRESS	550 Biltmore Way Ste. 1230
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D	4.1 TITLE	D
NAME	LIGHT, JOHN D	4.2 NAME	Light, John D.
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #407G	4.3 STREET ADDRESS	550 Biltmore Way Ste. 1230
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	Coral Gables, FL 33134
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 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.

Levy, Anita H 2/26/98 561-994-5828

CR2E034 (10/97)