Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90019 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MILLER, C.P.A., P.A.	3			
Principal Place	of Business	Mailing Address		I (SEIDI EIS) BISD (III BISII 16000 1111 BISII	1 2:011 01011 01011 biett ater. 1901
13422 SW 128TH ST MIAMI FL 33186 13422 SW 128TH ST MIAMI FL 33186			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed	
				04/22/1985	
		2a. Mailing Address		4. FEI Number	Applied For
- Ti	ace of Business			59-2531497	Not Applicable
21	# ata	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. :	#, etc.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	2	28		6. Election Campaign Financing	Added to Fees
Zip	Country 25	Zip	Country 30	This corporation owes the current year Personal Property Tax.	Intangible XYes ☐No
24	9 Name and Address of Curr			10. Name and Address of New Registere	d Agent
	g. Name and Address of Com-	THE MODIFICATION AND AND AND AND AND AND AND AND AND AN	81 Name		
MILLI	ER, JACK C		20 0:	ddress (P.O. Box Number is Not Acceptable)	
13422 SW 128TH ST			82 Street Ad	agress (P.O. Box Number is Not Acceptable)	
MIAM	N FL 33186		83		
					last zin Codo
			84 City	F	85 Zip Code
agent. Fai	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	gations of, Section 607.0505, Flori	da Statutes. Registered Agent signature requ		
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	P	☐ DELETE	1.1 TITLE		Citalige (Civation)
NAME	MILLER, JACK C.		1.2 NAME		
STREET ADDRESS	7600 SW 125TH STREET		1.3 STREET ADDRESS		İ
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ OELĒTE	2.1 TITLE		☐ Change ☐ Addition [
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ OELETE	3.1 TITLE		. Cuando C. vaevo
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4, CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		C ourside C
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ pere₁e	5.1 TITLE 5.2 NAME	,	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
TITLE		בן טבנבוב	6.2 NAME		
NAME			6.3 STREET ADDRESS		•
STREET ADDRESS	il .				

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.

6.4 CITY-ST-ZIP

SIGNATURE: