

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K30852** (3)

1. Corporation Name

MILMONDE INVESTMENTS, INC.



Principal Place of Business

**30 S.E. 5TH STREET
DANIA FL 33004**

Mailing Address

**30 S.E. 5TH STREET
DANIA FL 33004**

3. Date Incorporated or Qualified

08/12/1988

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Sub: Apt. #, etc.

Sub: Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BERTHIAUME, GILLES
30 SE 5TH STREET
DANIA FL 33004**

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 607.06(2) and 617.15(9), 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 607.05(3), Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-STATE-ZIP

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY-STATE-ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY-STATE-ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY-STATE-ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY-STATE-ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY-STATE-ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY-STATE-ZIP

12.29 TITLE

12.30 NAME

12.31 STREET ADDRESS

12.32 CITY-STATE-ZIP

12.33 TITLE

12.34 NAME

12.35 STREET ADDRESS

12.36 CITY-STATE-ZIP

12.37 TITLE

12.38 NAME

12.39 STREET ADDRESS

12.40 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

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13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

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13.31 STREET ADDRESS

13.32 CITY-STATE-ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY-STATE-ZIP

13.37 TITLE

13.38 NAME

13.39 STREET ADDRESS

13.40 CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Danielle Asselin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-96

954-925-8256

CR2E034 (12/95)