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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90062 011 \*\*\*158.75

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K58420

MILIAN, SWAIN & ASSOCIATES, INC.						1 (48:81(1 88) E1(8) (8)(1 B)(1 B)(1 B (8)	81811 B1811 81811 8181	0.011 01011 1001
Principal Place of Business Mailing Address						A HOMERYLA MON MITOR COTAN DEPORT TANAN MONT	DIONI OLOH BROM DION	01011 B1011 1081
2025 SW 32ND AVE 2025 SW 32ND AVE								
MIAMI FL 33145   MIAMI FL 33145   US   US						DO NOT WRITE IN THIS SPACE		
00	-	00			-	3. Date Incorporated or Qualifed		
						01/09/1989		
<b>⊢</b>	lace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number	. —	pplied For
Suite, Apt. #, etc.		26 Suite Ant # ete	Suite, Apt. #, etc.			65-0094999		ot Applicable
22 Suite, Apt.	<b>⊢</b> '''	uite, Apr. #, etc.			5. Certifcate of Status Desired		Additional equired	
22     27						6. Election Campaign Financing	<del></del>	May Be
23						Trust Fund Contribution	•	to Fees
Zip				ry		8. This corporation owes the current year		
24	25 29 30					Personal Property Tax.	∐Yes	□No
	9. Name and Address of Current	Registered Agent		,		10. Name and Address of New Registe	ered Agent	
0.601.1	AN ADOCULO		8	1 Name	•			
MILIAN, ARSENIO			8	2 Street	t Address	s (P.O. Box Number is Not Acceptable)		
2025 S.W. 32ND AVE MIAMI FL 33145			8	2				3/51 from 11 v
MINIMITE 30140			ľ	3				Maria III
				4 City			EI 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.	the abo	ve-named	d corpora	ation submits this statement for the purpos	se of changing it:	s registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change was auth	orized b	v the corp	oration's	s board of directors. I hereby accept the a	ippointment as re	egistered
SIGNATURE	Triammar with, and absort the obligat	iona di, codicii cor.scoo, riciia	a otatoti	.5.				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					required wh			
12.	,		13.	· · · · · · · · · · · · · · · · · · ·	<del>,</del>	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	OP	. DELETE	1.1 TITLE			•	Change	Addition
NAME STREET ADDRESS	MILIAN, ARSENIO		1.2 NAME	: Et address				
CITY-ST-ZIP	2025 S.W. 32ND AVE		1.3 STRE		·			
TITLE			2.1 TITLE		<del></del>		☐ Change	Addition
NAME	T.i		2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRESS	;			
CITY-ST-ZIP	MIAMI FL 240		2.4 CITY	ST-ZIP				
TITLE	☐ DELETE 3.1 T		3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	· ·		3.3 STRE	ET ADDRESS	i			
CITY-ST-ZIP			3.4. CITY					
TITLE NAME		☐ DELETE	4.1 TITLE				Change	Addition
STREET ADDRESS			4. 2 NAMI	ET ADDRESS	.]			
CITY-ST-ZIP			4.3 STRE		1			
TITLE		☐ DELETE	4.4 CHY-		+	·	. Change	Addition
NAME		_	5.2 NAME				_ ,	_
STREET ADDRESS			5.3 STRE	ET ADDRESS				

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.

6.2 NAME

5.4 CiTY-ST-ZiP 6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS.

CITY-ST-ZIP

TITLE

NAME

EAD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(305) 441-0123

☐ Change

Addition

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