

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # K86075 (4)

1. Corporation Name

MILAM INTERNATIONAL CORPORATION, INC.



Principal Place of Business

**C/O KENNETH F. CLAUSSEN
44 W. FLAGLER ST. 18TH FLOOR
MIAMI FL 33130**

Mailing Address

**C/O KENNETH F. CLAUSSEN
44 W. FLAGLER ST. 18TH FLOOR
MIAMI FL 33130**

2. Principal Place of Business

21 701 Brickell Ave.

Suite, Apt. #, etc.

22 Suite 1600

City & State

23 Miami, Florida

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 701 Brickell Ave.

Suite, Apt. #, etc.

27 Suite 1600

City & State

28 Miami, Florida

Zip

29 33131

Country

30 U.S.A.

3. Date Incorporated or Qualified

05/02/1989

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0156903

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**CLAUSSEN, KENNETH F.
44 W. FLAGLER ST. 18TH FLOOR
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

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

701 Brickell Avenue, Suite 1600

83

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the corporation)

(Typed Registered Agent Signature required for change of filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	HERZ, STEFAN	44 W. FLAGLER ST. 18TH	MIAMI FL	<input type="checkbox"/>
VPS	LEHRER, WILLY	44 W. FLAGLER ST. 18TH	MIAMI FL	<input type="checkbox"/>
S	SUAREZ, JUAN M.	44 W. FLAGLER ST. 18TH	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1		701 Brickell Ave., Suite 1600	Miami, Florida 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1		701 Brickell Ave., Suite 1600	Miami, Florida 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1		701 Brickell Ave., Suite 1600	Miami, Florida 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

(205) 591-3174

DATE

CR2E034 (12/95)