


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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K86075 (4)**  
 1. Corporation Name  
**MILAM INTERNATIONAL CORPORATION, INC.**



Principal Place of Business <b>701 BRICKELL AVENUE                  SUITE 1600                  MIAMI FL 33131                  US</b>	Mailing Address <b>701 BRICKELL AVENUE                  SUITE 1600                  MIAMI FL 33131                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3100 N.W. 72 Ave.</b> Suite, Apt. #, etc. <b>22 Suite 116</b> City & State <b>23 Miami, FL.</b> Zip <b>24 33122</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 3100 NW. 72 Ave.</b> Suite, Apt. #, etc. <b>27 Suite 116</b> City & State <b>28 Miami, FL.</b> Zip <b>29 33122</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>05/02/1989</b>	4. FEI Number <b>65-0156903</b>	Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>CLAUSSEN, KENNETH F.                  701 BRICKELL AVENUE                  SUITE 1600                  MIAMI FL 33131</b>				10. Name and Address of New Registered Agent <b>81 Name Gabriel Prats</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 151 Majorca Avenue, Suite C</b> <b>83</b> <b>84 City Coral Gables FL</b> <b>85 Zip Code 33134</b>			
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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]* DATE: **4-8-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE <b>HERZ, STEFAN</b> <b>701 BRICKELL AVENUE #1600</b> <b>MIAMI FL</b>	1.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HERZ, STEFAN</b> <b>3100 NW. 72 Avenue, #116</b> <b>Miami, FL 33122</b>
TITLE <b>VPS</b>	<input type="checkbox"/> DELETE <b>MIRIAM HERZ</b> <b>701 BRICKELL AVENUE #1600</b> <b>MIAMI FL</b>	2.1 TITLE <b>VPTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HERZ, MIRIAM</b> <b>3100 NW. 72 Avenue, #116</b> <b>Miami, FL 33122</b>
TITLE <b>S</b>	<input type="checkbox"/> DELETE <b>SUAREZ, JUAN M.</b> <b>701 BRICKELL AVENUE STE 1600</b> <b>MIAMI FL</b>	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUAREZ, JUAN</b> <b>3100 NW. 72 Avenue, #116</b> <b>Miami, FL 33122</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* DATE: **04/27/98** (205) 591-3174

CF2E034 (10/97)