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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90220 018 ***158.75

DOCUMENT	#	K8607!	Ę
1. Corporation Name		. 10001	_

MILAM I	NTERNATIONAL CORPORA	ition, inc.				
Principal Place	e of Business	Mailing Address		.	tt disi mimit dskill mimit minti and)))
3100 NW 72 AV	rF.	3100 NW 72 AVE				
STE 116	STE 116		,			
MIAMI FL 33122	2 .	MIAMI FL 33122			E IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed		1
	·			05/02/1989		
	lace of Business	2a. Mailing Address		4. FEI Number		lied For
21		26		65-0156903		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 AC	
22 City & State		27			1.60 (100	
City & State	8	City & State		6. Election Campaign Financing	□ \$5.00 N	,
23		28		Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country	8. This corporation owes the curre	nt year Intangible	MNo
24	25	29 31	<u>ol</u>	Personal Property Tax.		MINO
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egisterea Agent	
DDA1	TS, GABRIEL		81 Name	Gebriel Prats		
I .	MAJORCA AVE		82 Street Add	ress (P.O. Box Number is Not Accepta	Leon Blu	.1
STE			83	2121 Honce de	Leon BIV	100
1	AL GABLES FL 33134		63	Suite 240		i i
	,		84 City	Coval Corbles		134.
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named con	poration submits this statement for the	purpose of changing its r	egistered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida: Such change was authorized on the fations of, Section 607.0505, Florid	norized by the corporati a Statutes.	poration <u>submits this statement tor the</u> ion's board of directors. I hereby accep	tine appointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered an	post and title if applicable. (NOTE: Re	egistered Agent signature requir	ed when reinstating)	DATE	— I
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	HERZ, STEFAN		1.2 NAME			- 1
STREET ADDRESS	3100 NW 72 AVE, 116		1.3 STREET ADDRESS			
	MIAMI FL 33122		1.4 CITY-ST-ZIP			}
CITY-ST-ZIP	VPTD	DELETE	2.1 TITLE		☐ Change	Addition
]	'' '=	_	2.2 NAME			1
NAME	MIRIAM HERZ DE LOPEZ		2.3 STREET ADDRESS			1
STREET ADDRESS	3100 NW 72 AVE 116		2. 4 CITY-ST-ZIP			
CITY-ST-ZIP	MIAMI FL 33122	☐ DELETE	3.1 TITLE		☐ Change	Addition
TITLE	S ·		32 NAME -		,- •	-
NAME -	SUAREZ, JUAN M.					
STREET ADDRESS	3100 NW 72 AVE 116		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33122	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
TITLE		□ ₽	4.1 IIICE 4.2 NAME		_ ·	_
NAME						
STREET ADDRESS	• ,		4.3 STREET ADORESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	_	Change	Addition
TITLE			5.1 TITLE			
NAME			5.2 NAME			
STREET ADDRESS	(5.3 STREET ADDRESS	e e		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP			Addition
TITLE		☐ DELETE	6.1 TITLE		Change	
NAME			6.2 NAME			
STREET ANDRESS			6.3 STREET ADDRESS			1

14. I hereby certify that the information supplied with this filing does not quality 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:

STREET ADDRESS

CITY-ST-ZIP