

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L22321** (8)

1. Corporation Name

MILAM 56 TRADE CENTER, INC.



Principal Place of Business

Mailing Address

**328 CRANDON BLVD
STE 221C
KEY BISCAYNE FL 33149
US**

**328 CRANDON BLVD
STE 221C
KEY BISCAYNE FL 33149
US**

3. Date Incorporated or Qualified

10/11/1989

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0172263

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

10. Name and Address of New Registered Agent

**IRAZOLA, ANGEL
328 CRANDON BLVD
STE 221C
KEY BISCAYNE FL 33149**

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 607.0502 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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **IRAZOLA, ANGEL**
STREET ADDRESS **328 CRANDON BLVD, STE 221C**
CITY-ST-ZIP **KEY BISCAYNE FL**

1.1 TITLE

☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **CAPPELLETI, JAVIER**
STREET ADDRESS **95 MERRICK WAY #514**
CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE

☐ Change ☐ Addition

TITLE **T** ☐ DELETE

NAME **RAFFO, JUAN MIGUEL**
STREET ADDRESS **95 MERRICK WAY #514**
CITY-ST-ZIP **CORAL GABLES FL**

3.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)