

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 6/9/96: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 30 AM 9:39**

**DOCUMENT # L76174 (6)**

1. Corporation Name  
**MILIAN ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**C/O 1408 S.W. 107TH AVENUE P.O. BOX 65-1538  
P.O. BOX 301-A MIAMI FL 33185  
MIAMI FL 33174 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/29/1990</b>	3a. Date of Last Report <b>02/04/1994</b>
4. FEI Number <b>65-0198200</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Fees for this report (Franchise Trust/Trustee/Trustee)	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State Apt #, etc 22 City & State 23 Zip	2a. Mailing Address 26 State Apt #, etc 27 City & State 28 Zip
24 Yes <input type="checkbox"/> No <input type="checkbox"/>	25 Country

9. Name and Address of Current Registered Agent  
**MILIAN, MIGUEL A.  
11101 SW 47TH TERR  
BAY 16  
MIAMI FL 33185**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 State <b>FL</b>
85 Zip Code

11. Pursuant to the provisions of Sections 607 (0507 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 \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Name of Officer or Director)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILIAN, MIGUEL A.	1.2 NAME	
STREET ADDRESS	8330 NW 13TH ST, BAY 16	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILIAN, REBECCA	2.2 NAME	
STREET ADDRESS	11101 S.W. 47 TERR	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

*OUT OF CORP DELETES NAME THANKS*

14. I, the undersigned, hereby certify that the information furnished on this form is true and correct, that I am an officer or director, or a shareholder or member of the corporation, and that my name appears on Block 12 or Block 13. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

SIGNATURE: \_\_\_\_\_  
SIGNATURE OF REGISTERED AGENT AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3-95)