**FILED** 

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## 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

<b>DOCUMENT #</b>	M18251

1. Corporation Name

MILEX CORPORATION (1985) INC.

Principal Place	of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•	
5190 NW 167TH ST		5190 N.W. 167 ST.							
SUITE 215		SUITE 215			DO NOT MOTE IN THE SEASE				
MIAMI FL 33014		MIAMI FL 33014			DO NOT WRITE IN THIS SPACE				
US	US			3. Date Incorporated or Qualifed 07/19/1985					
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number			Ar	plied For
21		26		59-25539	53		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S. 1 S. 1		\$8.75	Additional	
22		27			5. Certifcate of	Status Desired		Fee Re	equired
City & State		City & State			6. Election Car	npaign Financing		\$5.00	May Be
23		28			Trust Fund (	. •		•	to Fees
	Zip Country Zip Co		Countr	,	8. This corpora	tion owes the curre	ent year Inta	ıngible	
24	25 29 30		5		Personal Pro		,	Yes	No
	9. Name and Address of Current		·		10. Name and	Address of New R	legistered A	\gent	_/
	•		81	Name					Į.
IAN I	ROBINSON		-	ļ <u></u>	(5.5. D. N.		LILA		
5190	N.W. 167 ST.		82 St			ber is Not Accepta	ible)		[
SUIT	E 215		83	<del> </del>					
MIAN	/II FL 33014								
			84	City			FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this	statement for the	purpose of o	changing its	registered
office or re	egistered agent, or both, in the State of medical familiar with, and accept the obligation	of Florida. Such change was auth ions of Section 607.0505. Florid	iorized by a Statute:	the corpo	oration's board of directo	ors. I nereby accep	t the appoir	ıtment as re	gistered
	THE CONTROL WILL, AND GOODE IN CONTROL			_					ļ
SIGNATURE	Signature, typed or printed name of registered agent	and trile if applicable. (NOTE: Re	gistered Age	nt signature re	equired when remetating)		DATE		
	Signature, typed or printed hairs or registered agent	The state of the s							
12.	OFFICERS AND		13.		ADDITIONS/0	HANGES TO OF	FICERS AN		
			13.		ADDITIONS/0	HANGES TO OF	FICERS AN	D DIRECTO  ☐ Change	ORS IN 12
12.	OFFICERS AND	D DIRECTORS			ADDITIONS/0	CHANGES TO OF	FICERS AN		
12.	OFFICERS AND	D DIRECTORS	1.1 TITLE 1.2 NAME	T ADDRESS	ADDITIONS/0	CHANGES TO OF	FICERS AN		
12. TITLE NAME STREET ADDRESS	OFFICERS AND PTD ROBINSON, IAN	D DIRECTORS	1.1 TITLE 1.2 NAME		ADDITIONS/0	HANGES TO OF	FICERS AN		
12. TITLE NAME	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST.	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE		ADDITIONS/(	CHANGES TO OF	FICERS AN		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	ST-ZIP	ADDITIONS/(	CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
112. TITLE NAME STREET ADORESS CITY- ST- ZIP TITLE NAME	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A.	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-3 2.1 TITLE 2.2 NAME	ST-ZIP	ADDITIONS/(	CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A 1284 W. 79 ST.	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIP	ADDITIONS/(	CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A.	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-3 2.1 TITLE 2.2 NAME	ST-ZIP	ADDITIONS/0	HANGES TO OF	FICERS AN	☐ Change	☐ Addition
112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A 1284 W. 79 ST.	D DIRECTORS  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	ST-ZIP ST-ADDRESS ST-ZIP	ADDITIONS/0	HANGES TO OF	FICERS AN	☐ Change	Addition
112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A 1284 W. 79 ST.	D DIRECTORS  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP ST ADDRESS ST-ZIP	ADDITIONS/0	HANGES TO OF	FICERS AN	☐ Change	Addition
112.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A 1284 W. 79 ST.	D DIRECTORS  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS	ADDITIONS/0	HANGES TO OF	FICERS AN	☐ Change	Addition
112.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A 1284 W. 79 ST.	D DIRECTORS  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS	ADDITIONS/	CHANGES TO OF	FICERS AN	☐ Change	Addition
112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A 1284 W. 79 ST.	D DIRECTORS  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ADDITIONS/	CHANGES TO OF	FICERS AN	☐ Change	Addition Addition
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112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A 1284 W. 79 ST.	D DIRECTORS  DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-1 5.1 TITLE 5.2 NAME	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ADDITIONS/	HANGES TO OF	FICERS AN	Change Change	Addition Addition Addition
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112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	OFFICERS AND PTD ROBINSON, IAN 1284 W. 79 ST. HIALEAH FL SDV ROBINSON, LYDIA A 1284 W. 79 ST.	D DIRECTORS  DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 ITTLE 4.2 NAME 4.3 STREE 4.4 CITY-1 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE 6.1 TITLE	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ADDITIONS	HANGES TO OF	FICERS AN	Change Change	Addition Addition Addition
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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 of supplier ental 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

305 626-9449