

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

05 MAY -1 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N06782** (9)

1. Corporation Name

**MILLER FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

~~FLORIDA REGISTERED AGENTS, INC  
100 SE 2ND STREET, SUITE 3600  
MIAMI FL 33131~~

~~FLORIDA REGISTERED AGENTS, INC  
100 SE 2ND STREET, SUITE 3600  
MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/20/1984</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2474323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. # etc	2a. Mailing Address Suite, Apt. #, etc
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FLORIDA REGISTERED AGENTS, INC.  
100 SE 2 ST #3600  
100 SE 2ND STREET  
MIAMI FL 33131~~

81 Name <b>H. Allan Shore, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Greenberg Traurig</b>
83 <b>1221 Brickell Avenue</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33131</b>

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 *H. Allan Shore*

NOTE: Registered Agent registration must expire 12/31/95.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>DP</b>	<b>MILLER, LEONARD</b>
STREET ADDRESS <b>700 N.W. 107TH AVE.</b>	<b>MIAMI FL</b>
CITY, ST, ZIP	
TITLE <b>DST</b>	<b>MILLER, SUSAN</b>
STREET ADDRESS <b>23 STAR ISLAND</b>	<b>MIAMI BEACH FL</b>
CITY, ST, ZIP	
TITLE <b>D</b>	<b>MILLER, STUART</b>
STREET ADDRESS <b>1444 W 28TH ST.</b>	<b>MIAMI BEACH FL</b>
CITY, ST, ZIP	
TITLE <b>D</b>	<b>SAIONTZ, STEVEN</b>
STREET ADDRESS <b>9515 SW 60TH CT</b>	<b>MIAMI FL</b>
CITY, ST, ZIP	
TITLE <b>D</b>	<b>SAIONTZ, LESLIE</b>
STREET ADDRESS <b>9515 SW 60TH CT</b>	<b>MIAMI FL</b>
CITY, ST, ZIP	
TITLE <b>D</b>	<b>MILLER, VICKI</b>
STREET ADDRESS <b>1444 W 28TH ST.</b>	<b>MIAMI BEACH FL</b>
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(1)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 stamped or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1995 305/229-6421