## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

	i) 1	10 N
97 SFP	17	M110: 21

	RPOMATIC				Sandra	B. Morti	ıam								
AININ	UAL REPO	ואכ	6			ary of Sta			97 SEP 17 M110:	21					
	1997		<b>10</b>	• <u>•</u>	DIVISION OF	CORPOR	3A1K	ONS							
DOCH	MENT	# DO	2000	1125	60 /4\										
1. Corporation	on Name	" FB	2000	J 120	68 (1)										
MILLIE'S	FURNITU	RE COR	P.						1						
			. :	• •	Time to the	9 -	**4 *	\$23 F	I ABOLIDER IND TOURD HERLI DONIN BORN	16N) 11H	T HIRIS HIRON ONION OHION I	AN (8 E)			
ſ	ce of Business	<b>i</b>		=	Address					84111 9818		B11 1991			
1725 E. 4TH AVE. 1725 ETH 4TH AVENUE HIALEAH FL 33010 HIALEAH FL 33010															
HINLENN PL 33	3010			US	PL 33010				DO NOT W	RITE IN	THIS SPACE				
									3. Date Incorporated or Qualif		a. Date of Last Re	port			
									12/15/1992		04/18/1996				
2. Principal f	Place of Busin	ess //	1110	l	ling Address	. 0			4. FEI Number		<del></del>	plied For			
21 /7 25 Subs Ant				26 Suite	e, Apt. #, etc.				65-0415575		\$9.75 A	t Applicable			
22	2464	ت سکر	3200	27	C, MM. 11, 010.				5. Certificate of Status Desired	1 L	Fee Rec				
City & Sta	ite				& State				6. Election Campaign Financia	ıg	\$5.00	May Be			
23		··		28					Trust Fund Contribution	<u> </u>	Added to				
Zip	1	Country	1	Zip		<b>—</b>	untry		8. This corporation owes or ha	•	_ ` _				
24		25	ss of Current	[29]	l Agent	30	1		Personal Property Tax due  10. Name and Address of Net			No			
DELL	ILLA, MILAG		ss or current	LIABISTOLOG	y Water		81	Name	TO, Name and Address of Ne	A LIGHT	etan waanr				
			\E							<u>.</u>					
12101 SW 185TH TERRACE MIAMI FL 33177						82	Street Ac	ddress (P.O. Box Number is Not Acce	ptable)	o emperatura de la					
*******	MI 1 6 90177						83		4000022986547 -09/19/9701115008						
						B4	011	City ****165.00 ****2,6560							
							54	City	FL   The same of t						
11. Pursuant	to the provisi	ons of Sect	ions 607.0502	and 607.15	08, Florida Statu	ites, the a	bove	e-named o	orporation submits this statement for ration's board of directors. I hereby a	the purp	ose of changing its	registered			
agent. L	am familiar wi	h, and acc	ept the obliga	tions of, Sec	tion 607.0505, F	lorida Sta	tutes	ine corpo	rations board of directors. Thereby a	ccept th	e appointment as i	edialorea			
SIGNATURE												[			
12.	Signature, lyped	· · · · · · · · · · · · · · · · · · ·	of registered ager			Hegislere	ed Ago	int signature re	quired when reinstating) ADDITIONS/CHANGES TO C		S AND DIRECTORS	5 IN 12			
TITLE	P				DELETE	1.1 T	ITLE	Т	7.551110.107017.11013.10.10		Change	Addition			
NAME	MILAGROS	, Belilla	ι M			1.2 N	IAME					[			
STREET ADDRESS		185TH T	ERRACE			1.3 S	TREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL					1.40	ITY-S	3 - ZIP							
TITLE					☐ DELETÉ	2.1 T	ITLE	-			Change	☐ Addition			
NAME						2.2 N									
STREET ADDRESS						1		ADDRESS							
CITY-ST-ZIP TITLE	<del> </del>				DELETE	2 4 I		ST - ZIP			Change	Addition			
NAME						32 N					- onango	real resultion			
STREET ADDRESS								ADDRESS				ļ			
CITY-ST-ZIP								57 - ZIP				1			
TITLE					DELETE	4.1 T	ITLE		ı		Change	Addition			
NAME						4.21	MAME					i			
STREET ADDRESS						4.3 \$	TREET	ADDRESS	,						
CITY-ST-ZIP	<del>  </del>				la per eve		ITY-S	T - ZIP	/			-			
TITLE					☐ DELETE	5.1 1		ļ		M	Change	Addition			
NAME execut appared						5.2 N		*DDDESS	\		$\Lambda$	ļ			
STREET ADDRESS CITY-ST-ZIP								ADDRESS	ſ	N	WL 1				
TITLE	<del> </del>				DELETE	6.1 T	ITY-S ITLE	3- ZIP		4 15	☐ Change	Addition			
NAME						6.2 N		1							
STREET ADDRESS								ADDRESS							
CITY-ST-ZIP	_					- 1	ity-s								

14. I do 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 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 this 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.

SIGNATURE



## **MILLIE'S FURNITURE**



1725 E. 4TH AVE. ♦ Miami, Florida 33010 Phone 888-1246

September 15, 1997

ոգետ

Florida Department of State Annual Reports Filings Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

RE: 65-0415576

Document Number: P92000012568

To Whom It May Concern:

Please find enclosed my payment of my annual corporate fees for \$ 165.00. Upon receiving your second notice I became aware that my first check was not received by your department. I sent check Number 1130 back in May of 1997 to pay my renewal. I have put a top payment on this check and reissued you this check. I do not believe I am liable for your late charges. I called your office on September 12,1997 and was told to send an explanation of our situation and a new check for the inicial fee. I am very sorry for the misunderstanding but it was out of my hands. Thank you in advance for your cooperation in solving this matter. If you have any questions please feel free to call me at any time during regular business hours.

Sincerely,

Milagro M. Belilla President