

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000027735 (7)
1. Corporation Name
THOMAS MILLER (MIAMI) INC.



Principal Place of Business: 11900 BISCAYNE BLVD. MIAMI FL 33181
Mailing Address: 11900 BISCAYNE BLVD. MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7205 N.W. 19th St. MIAMI, FL 33126 USA
2a. Mailing Address: 7205 NW 19th St. MIAMI, FL 33126 USA

3. Date Incorporated or Qualified: 04/12/1994
4. FEI Number: 65-0488168
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRADSHAW, THOMAS J.	
STREET ADDRESS	115 RIVIERA DR. S.	
CITY-ST-ZIP	MASSAPEQUA NY 11758	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE JACOBSON	
STREET ADDRESS	21 LEDYARD PLACE	
CITY-ST-ZIP	STATEN ISLAND NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRADSHAW, THOMAS J.	
STREET ADDRESS	26D ASH RD.	
CITY-ST-ZIP	UPPER SADDLE RIVER NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVID W. MARTOWSKI	
STREET ADDRESS	81 CENTRAL PARK WEST	
CITY-ST-ZIP	NEW YORK NE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	26 D ASH ROAD
1.4 CITY-ST-ZIP	UPPER SADDLE RIVER, NJ. 07458
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID J. GRAMMAS
2.3 STREET ADDRESS	433 EAST 86th ST (2F)
2.4 CITY-ST-ZIP	NEW YORK, N.Y. 10022
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	ZIP 07458
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	NEW YORK, NY
4.4 CITY-ST-ZIP	10023
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 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 on an attachment with an address.

SIGNATURE: David J. Grammas (David J. Grammas) 3 Feb 98 201

CR2E034 (10/97)