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

DOCUMENT # P9400043422

1. Corporation Name

MILLENNIUM REAL ESTATE GROUP, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90220 041 ***150.00



147					_				
.Principal Place	e of Búsiness	Mailing Address				[+94(451)) 10(4) 5(6) 40(4) 40(4) 40(4) 40(4)		1012 1101 1001	
2000 S. DIXIE HWY SUITE 200 2000 S. DIXIE HWY SUITE 20 MIAMI FL 33133			200	00		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						06/10/1994 4. FEI Number	- An	lied Ees	
2. Principal Place of Business 2a. Mailing Address								olied For Applicable	,
21		26				65-0501477	\$8.75.A		1
_	Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.		*	5. Certifcate of Status Desired -	Fee Re		•
City & Stat	te	City & State	_			6. Election Campaign Financing	\$5.00		
23		28	_			Trust Fund Contribution	Added to	Fees	
Zip				intry		8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Registered		M INO	
	9. Name and Address of Currer	nt Registered Agent		81	Name	IV. Maine and Address of Now Registeres	goni		
LITIV	IAN, NEAL S								
2000 S. DIXIE HWY., SUITE 200				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	MI FL 33133			83			7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	,	ŀ
				84	City	· E1	85 Zip C	ode	
		- LOOT 4500 FL - L OLV				eration submits this statement for the purpose of	changing its	registered	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations in the control of	of Florida. Such change was a attorned of Florida. Such change was a attorn 607.0505, Florida Statute.	uthorize rida Stat	d by t	the corporatio	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	ntment as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registere	d Agent	t signature required	when reinstating) DATE			آء
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	ğ
TITLE	OP DELETE		1.1 T	TLE	T		Change	☐ Addition	1 2
NAME	BUITRAGO, JAIME H		1.2 N	1.2 NAME					Š
STREET ADDRESS	881 OCEAN DRIVE #15-B		1.3 \$	TREET	ADDRESS				ļ
CITY-ST-ZIP	KEY BISCAYNE FL 33149		_	1.4 CITY-ST-ZIP			Change	Addition	0
TITLE	: .	☐ DELETE	2.1 TITLE				□ Change	☐ Addition	1
NAME			2.2 N			•			l
STREET ADDRESS	حديث المنظم المراضل على النازي	للمصافة مديد الأسارة بالمفت	- ·		ADDRESS	شهه به بیرانسینه صدح ایم به به <u>به به مهرج</u> مهیجات	مدياجيث سياء سم		
CITY-ST-ZIP		DELETE	2.40 3.1 T	CITY-S'	1-ZIP		Change	Addition	l
TITLE				AME			[] dilange		l
NAME STREET ADDRESS	,				J		□ Ouguge		١.
CITY-ST-ZIP	,}				ADDRESS		Coloride		
TITLE			3.3 \$		TADDRESS				
1		DELETE	3.3 \$	TREET			Change	☐ Addition	
NAME		☐ DELETE	3.3 S 3.4. Q 4.1 T	TREET			<u> </u>	☐ Addition	
NAME STREET ADDRESS	"	☐ DELETE	3.3.9 3.4.0 4.1.T 4.2.9	TREET CITY-S TILE NAME			<u> </u>	☐ Addition	
	"		3.3 \$ 3.4.0 4.1 T 4.28 4.3 \$ 4.4 C	TREET CITY-S TILE NAME STREET CITY-SI	T-ZIP		Change		
STREET ADDRESS	"	☐ DELETE	3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T	CITY-S' TILE NAME STREET CITY-SI	T-ZIP		<u> </u>	Addition	
STREET ADDRESS	"		3.3 \$ 3.4 (4.1 T 4.2 R 4.3 \$ 4.4 C 5.1 T 5.2 N	TREET CITY-S TILE STREET CITY-SI TILE JAME	T-ZIP		Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 \$ 3.4.6 4.1 T 4.2 P 4.3 \$ 4.4 C 5.1 T 5.2 N 5.3 \$	TREET CITY-S TILE STREET TILE IAME STREET	T ADDRESS T-ZIP T ADDRESS		Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.3 \$ 3.4.6 4.1 T 4.2 P 4.3 \$ 4.4 C 5.1 T 5.2 N 5.3 \$	CITY-S' TILE VAME STREET CITY-SI TILE VAME STREET CITY-SI TILE VAME STREET	T ADDRESS T-ZIP T ADDRESS	·	Change		

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

4/10/99

305-361-5183