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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P94000055247 (8)**

1. Corporation Name
MICRON MANAGEMENT SERVICES CORP.

Principal Place of Business	Mailing Address
2175 NE 120TH ST N MIAMI FL 33181 US	2175 NE 120TH ST N MIAMI FL 33181-2912 US

3. Date Incorporated or Qualified: **07/25/1994**
3a. Date of Last Report: **03/19/1996**
4. FEI Number: **65-0509162** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
ROBERT D. BURGS P.A.
817 S. UNIVERSITY DRIVE
SUITE 122
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALEMAN, ENRIQUE		1.2 NAME	
STREET ADDRESS	4852 SHERIDAN STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE	PTD	☐ DELETE	2.1 TITLE	P/D ☒ Change ☐ Addition
NAME	LANEVE, RONALD R.		2.2 NAME	LANEVE, RONAID R.
STREET ADDRESS	2175 NE 120TH ST.		2.3 STREET ADDRESS	2175 NE 120TH ST
CITY-ST-ZIP	N MIAMI FL		2.4 CITY-ST-ZIP	N MIAMI, FL
TITLE	VPD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALEMAN, HENRY		3.2 NAME	
STREET ADDRESS	2261 CHESTNUT COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	
TITLE	VPSD	☐ DELETE	4.1 TITLE	V/T/D ☒ Change ☐ Addition
NAME	LANEVE, MICHELLE M.		4.2 NAME	LANEVE, MICHELLE M.
STREET ADDRESS	2175 NE 120TH ST		4.3 STREET ADDRESS	2175 NE 120TH ST.
CITY-ST-ZIP	N MIAMI FL		4.4 CITY-ST-ZIP	N MIAMI, FL
TITLE		☐ DELETE	5.1 TITLE	C/D ☐ Change ☒ Addition
NAME			5.2 NAME	CHARLES A PRITCHARD
STREET ADDRESS			5.3 STREET ADDRESS	1705 NTH 43RD AVE
CITY-ST-ZIP			5.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE		☐ DELETE	6.1 TITLE	S/D ☐ Change ☒ Addition
NAME			6.2 NAME	CORA E PRITCHARD
STREET ADDRESS			6.3 STREET ADDRESS	1705 NTH 43RD AVE
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HOLLYWOOD, FL

CR2E034 (9/96)

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 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: Ronald R. LaNeve PRESIDENT RONALD R. LANEVE 2/25/97 305 892-1437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0247440