

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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96 FEB -6 PM 2: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000056505 (8)**

1. Corporation Name  
**MLH INVESTMENTS, INC.**

Principal Place of Business: **11900 BISCAYNE BLVD SUITE 809 NORTH MIAMI FL 33181**  
Mailing Address: **11900 BISCAYNE BLVD SUITE 809 NORTH MIAMI FL 33181**

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**

3. Date Incorporated or Qualified: **07/26/1994** 3a. Date of Last Report: **01/20/1995**  
4. FET Number: **65-0514815** 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

9. Name and Address of Current Registered Agent  
**MILICH, LEE  
11900 BISCAYNE BLVD  
SUITE 809  
NORTH MIAMI FL 33181**

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 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1. TITLE: <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>MILICH, LEE</b>		12. NAME: _____	
STREET ADDRESS: <b>11900 BISCAYNE BLVD SUITE 809</b>		13. STREET ADDRESS: _____	
CITY-ST-ZIP: <b>NORTH MIAMI FL 33181</b>		14. CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	2.1. TITLE: _____	
NAME: _____		22. NAME: _____	
STREET ADDRESS: _____		23. STREET ADDRESS: _____	
CITY-ST-ZIP: _____		24. CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	3.1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		32. NAME: _____	
STREET ADDRESS: _____		33. STREET ADDRESS: _____	
CITY-ST-ZIP: _____		34. CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4.1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		42. NAME: _____	
STREET ADDRESS: _____		43. STREET ADDRESS: _____	
CITY-ST-ZIP: _____		44. CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		52. NAME: _____	
STREET ADDRESS: _____		53. STREET ADDRESS: _____	
CITY-ST-ZIP: _____		54. CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		62. NAME: _____	
STREET ADDRESS: _____		63. STREET ADDRESS: _____	
CITY-ST-ZIP: _____		64. CITY-ST-ZIP: _____	

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\*\*\*200.00 \*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Lee Milich, President/Director**

1/29/96 (305) 893-8921

CR2E034 (12/95)