

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

**FILED**

96 NOV 26 AM 10:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060709 (0)**

1. Corporation Name

**M.I.L. PRUDENTIAL TRUST INC.**

**REINSTATEMENT** *9600*

Principal Place of Business

Mailing Address

9745 SW 155 COURT  
 MIAMI FL 33186

9745 SW 155 COURT  
 MIAMI FL 33186

3. Date Incorporated or Qualified  
**08/12/1994**

3a. Date of Last Report  
**10/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **12855 SW 136 Ave**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **201**

27

City & State

City & State

23 **Miami, Fl.**

28

Zip

Country

Zip

Country

24 **33186**

25

**USA**

29

30

4. FEI Number

**65-0508407**

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

10. Name and Address of New Registered Agent

**MCKENZIE, LEE**  
**9745 SW 155 COURT**  
**MIAMI FL 33196**

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

*Lee McKenzie*  
 Signature, typed or printed name of registered agent and title if applicable.

**Lee McKenzie - President**

11/20/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **P MCKENZIE, LEE**  
 STREET ADDRESS **9745 SW 155 COURT**  
 CITY-ST-ZIP **MIAMI FL 33196**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D MCKENZIE, MARJORIE**  
 STREET ADDRESS **13831 S.W. 50TH ST. #104**  
 CITY-ST-ZIP **MIAMI FL 33183**

2.1 TITLE  Change  Addition  
 2.2 NAME **V/S McKenzie, Marjorie**  
 2.3 STREET ADDRESS **9745 SW 155 Court**  
 2.4 CITY-ST-ZIP **Miami FL 33196**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME **600002019036-3**  
 3.3 STREET ADDRESS **-12/04/96--01036--003**  
 3.4 CITY-ST-ZIP **\*\*\*\*375.00 \*\*\*\*375.00**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lee McKenzie*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **REQUEBEMCKENZIE**  
**PRESIDENT**

11/20/96

305-251-5540

Daytime Phone #

CR2004 (3/96)