

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

DOCUMENT # P94000060709 (0)

1. Corporation Name

M.I.L. PRUDENTIAL TRUST INC.

FILED

96 NOV 26 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

9600

Principal Place of Business

Mailing Address

9745 SW 155 COURT
MIAMI FL 33196

9745 SW 155 COURT
MIAMI FL 33196

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

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

10/09/1995

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

7. 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

Lee McKenzie - President

11/20/96

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 ☐ DELETE

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

TITLE ☐ DELETE

D
NAME MCKENZIE, MARJORIE
STREET ADDRESS 13831 S.W. 58TH ST. #104
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/S

McKenzie, Marjorie
9745 SW 155 Court
Miami FL 33196

600002019036-3

-12/04/96-01036-003

*****375.00 *****375.00

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 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

PRESIDENT

11/20/96

305-251-5540

Daytime Phone

CR2ED04 (3/96)