

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000061713**

1. Corporation Name  
**MILES CONSTRUCTION SERVICES, INC.**

Principal Place of Business Mailing Address

**2024 N.E. 161st STREET  
N. MIAMI BEACH, FL 33193**

3. Date Incorporated or Qualified **08/18/1994** 3a. Date of Last Report **04/12/1995**

4. FEI Number **65-0515864**  Applied for  Not Applied for

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 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Sub: Apt. #, etc. 26. Sub: Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**HOUSTON, JESSIE B 11  
20305 N.W. 34TH AVENUE  
MIAMI FL 33056**

10. Name and Address of New Registered Agent  
81. Name **VICTOR, CHERYL**  
82. Street Address (P.O. Box Number is Not Acceptable) **880 N.W. 153rd Street**  
83.  
84. City **Miami, FL** 85. Zip Code **FL 33169**

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 principal 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 of Current Registered Agent) \_\_\_\_\_ (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HOUSTON, JESSIE B11</b>
STREET ADDRESS	<b>3932 NW 34th Ave</b>
CITY, ST, ZIP	<b>Opa Locka, FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	<b>President/CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
12 NAME	<b>Cheryl Victor</b>
13 STREET ADDRESS	<b>880 N.W. 153 Street</b>
14 CITY, ST, ZIP	<b>Miami, FL 33169</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME	
63 STREET ADDRESS	
64 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)(a), Florida Statutes. I further certify that the information indicated in 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 \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
**4-30-96**

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