## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000090897 (7)

J. MILIAN SERVICE INCORPORATED

Principal Place of Business

Mailing Address

2337 W. 66TH PLACE

2337 W. 66TH PLACE

## **FILED** May 07 1998 8:00am Secretary of State



| HIALEAH FL   | 33016                     | HIALEAH FL 33016                        |                             | DO NOT WRITE IN THIS   | SPACE                             |
|--|---------------------------|---|-----------------------------|--|-----------------------------------|
|  |                           |   |                             | 3. Date incorporated or Qualified  | or No.                            |
|  |                           |   |                             | 12/14/1994   |                                   |
|  | lace of Business          | 26. Mailing Address                     | 7202 ( 7                    | 4. FEI Number  | Applied For                       |
| 21 (OO)<br>Suite, ADI  | West 35 Av                | ve 26 P.O. Box S<br>Suite, Apt. #, etc. | 0005 A                      | 65-0552715   | Not Applicable                    |
| 22   | <b>*</b> 7 94             | 27 Saite, Apr. W, etc.                  |                             | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| City & State   |                           | City & State                            | ·                           | 6. Election Campaign Financing   | \$5.00 May Be                     |
| 23 Mi  | q. [L                     | 28 Migm                                 |                             | Trust Fund Contribution  | Added to Fees                     |
| Zip 3 3 (  | S) 8 Country 6.1          | a 上 習る152 ト                             | Country                     | 6. This corporation owes or has paid the cu                                |                                   |
| 24 3 51  | 9. Name and Address of Cu |   | 0 <u> </u>                  | Personal Property Tax due June 30.  10. Name and Address of New Registered | <del></del>                       |
| and No.  |                           |   |                             |  |                                   |
| MILLAN, JDEL 2337 W 66TH PLACE HIALEAN FL 33016  11 19 19 19 19 19 19 19 19 19 19 19 19 1  |                           |   |                             |  |                                   |
| HIALEAH FL 33016   |                           |   |                             |  |                                   |
|  | •                         | 1719-1-6 33018                          | 63                          |  |                                   |
|  |                           |   | 84 City                     |  | 85 Zip Code                       |
| FL Is 2 p 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 tagnillar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                           |   |                             |  |                                   |
| SIGNATURE Signature, typed of printed name of lagistered agent and life if applicable (NOTE: Registered Agent signature required when reinstaling)  DATE   |                           |   |                             |  |                                   |
| 12.  |                           | AND DIRECTORS                           | 13.                         | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTORS IN 12                   |
| TITLE  | P                         | DELETE                                  | 1.1 TITLE                   | P  | Change Addition                   |
| NAME   | MILIAN, JOEL              |   | 1.2 NAME                    | Doel milian  |                                   |
| STREET ADDRESS   | 2337 WEST 66TH PLACE      | !                                       | 1.3 STREET ADDRESS          | 7001 West 35 Ave #<br>Mia FL 33018   | <sup>2</sup> 94                   |
| CITY-ST-ZIP  | HIALEAH FL 33016          |   | 1.4 CITY-ST-ZIP             | Hia. FL 33018  | De Constantina                    |
| TITLE  | MILIAN, SANDRA S          | DELETE                                  | 2.1 TITLE                   | VP<br>Sandra Milian  | Change                            |
| NAME   | 2337 WEST 66TH PLACE      |   | 2.2 NAME                    | Sandra Milian 7001 West 35 mue #29   | 111                               |
| STREET ADDRESS   | HALEAH FL 33016           | ļ                                       | 2.3 STREET ADDRESS          | Hia. FL 33018  | 14                                |
| CITY-ST-ZIP<br>TITLE   | 100000                    | DELETE                                  | 2.4 CITY-ST-ZIP<br>31 TITLE | 7114 : 1-C 33018   | Change Addition                   |
| NAME   |                           |   | 3.2 NAME                    |  |                                   |
| STREET ADDRESS   |                           | ļ                                       | 3.3 STREET ADDRESS          |  |                                   |
| CITY-ST-ZIP  |                           |   | 3.4 CITY-ST-ZIP             |  |                                   |
| TITLE  |                           | ☐ DELETE                                | 4.1 TITLE                   |  | Change Addition                   |
| NAME   |                           |   | 4. 2 NAME                   |  |                                   |
| STREET ADDRESS   |                           |   | 4.3 STREET ADDRESS          |  |                                   |
| CITY-ST-ZIP  |                           |   | 4.4 CITY - ST - ZIP         |  |                                   |
| TITLE  |                           | ☐ DELETE                                | 5.1 TITLE                   |  | ☐ Change ☐ Addition               |
| NAME   |                           | 1                                       | 5.2 NAME                    |  |                                   |
| STREET ADDRESS   |                           |   | 5.3 STREET ADDRESS          |  |                                   |
| CITY-ST-ZIP  |                           |   | 5.4 CITY-ST-ZIP             |  |                                   |
| TITLE  |                           | DELETE                                  | 6.1 TITLE                   |  | Change Addition                   |
| NAME   |                           | 1                                       | 6.2 NAME                    |  |                                   |
| STREET ADDRESS   |                           | ļ                                       | 6.3 STREET ADDRESS          |  |                                   |
| CITY-ST-ZIP  |                           |   | 6.4 CITY-ST-ZIP             | d in Section 110 07/3Vi) Florida Statutas I further or                     |                                   |

I hereby certify that the information supplied with his filing does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. Florida 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.