


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

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90049 040 ****150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000000287

1. Corporation Name
6500 MILAN DAIRY, INC.

Principal Place of Business 6500 NW 72ND AVE MIAMI FL 33166	Mailing Address 6500 NW 72ND AVE MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/03/1995		4. FEI Number 65-0649179		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 owes the current year Intangible Personal Property Tax.				Yes		No			

9. Name and Address of Current Registered Agent MARTINELLI, ELISA 6500 NW 72ND AVE MIAMI FL 33166				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			
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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

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	DP	DELETE		1.1 TITLE	Change Addition		
NAME	MARTINELLI, ELISA			1.2 NAME			
STREET ADDRESS	6500 NW 72ND AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			1.4 CITY-ST-ZIP			
TITLE	DST	DELETE		2.1 TITLE	Change Addition		
NAME	TORRES, TERESA			2.2 NAME			
STREET ADDRESS	6500 NW 72ND AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE	Change Addition		
NAME				3.2 NAME			
STREET ADDRESS				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				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				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-19-99 306 470-0031

CR2E034 (11/98)

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