

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000030064 (6)

1. Corporation Name

MILO ENTERPRISES WHOLESALE DISTRIBUTORS, INC.



Principal Place of Business

710 NW 78TH AVENUE
PEMBROKE PINES FL 33024

Mailing Address

710 NW 78TH AVENUE
PEMBROKE PINES FL 33024

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/18/1995

3a. Date of Last Report

4. FEI Number

262-78-5000

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

g. Name and Address of Current Registered Agent

SAMMARCO, VINCENT T
1000 N HIATUS ROAD
SUITE 140
PEMBROKE PINES FL 33028

81 Name

82 SAME

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

Signature typed or printed name of registered agent or director of corporation

(Print Name of Registered Agent or Director of Corporation)

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JUAN L. MILO ☐ DELETE

710 NW 78 AVE

PEMBROKE PINES FL 33024

TITLE NAME STREET ADDRESS CITY-ST-ZIP

THERESA GARRITY ☐ DELETE

710 NW 78 AVE

P. PINES FL 33024

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

JUAN L. MILO

710 NW 78 AVE

PEMBROKE PINES FL 33024

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

THERESA A. GARRITY

710 N. W 78 AVE

Pembroke Pines FL 33024

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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***225.00

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

7. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

8. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

9. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.071, 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 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:

Theresa M. Garrity
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa M. Garrity 5/28/96 554-962-8134
Date: Date of Filing

CR2E034 (12/95)