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

FILED
96 AUG 26 AM 11:20
SECRETARY OF STATE

DOCUMENT # **P95000049648 (5)**

1. Corporation Name
MILLER HEIGHT, INC.

Principal Place of Business	Mailing Address
9443 S.W. 56TH ST. MIAMI FL	9443 S.W. 56TH ST. MIAMI FL

3. Date Incorporated or Qualified: 06/26/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 9443 S.W. 56 St
22 Suite, Apt. #, etc: Miami FL.
23 City & State: 33165
24 Zip: 25 Country:

2a. Mailing Address
26: 9443 S.W. 56 St
27 Suite, Apt. #, etc: Miami FL.
28 City & State: 33165
29 Zip: 30 Country:

4. FEI Number: 65 0594401 — 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 paid by for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
COLOME, FLORENTINO O
9443 S.W. 56TH ST.
MIAMI FL

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

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	COLOME, FLORENTINO O	12 NAME	
STREET ADDRESS	2705 S.W. 105TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
☐ DELETE			
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MIJARES, OMDO	22 NAME	
STREET ADDRESS	10580 S.W. 80TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	24 CITY-ST-ZIP	
☐ DELETE			
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
☐ DELETE			
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
☐ DELETE			
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
☐ DELETE			
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
☐ DELETE			

CR2E034 (3/96)

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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ PRESIDENT 06-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FLORENTINO O. COLOME

0056163 CP