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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000069487 (3)**

1. Corporation Name
MILLER & SCHUH, P.A.

Principal Place of Business	Mailing Address
16855 NORTHEAST 2ND AVENUE **SUITE 305** **NORTH MIAMI BEACH FL 33162**	**16855 NORTHEAST 2ND AVENUE** **SUITE 305** **NORTH MIAMI BEACH FL 33162-1783**

3. Date Incorporated or Qualified: **09/08/1995**
3a. Date of Last Report: **07/03/1996**

2. Principal Place of Business	2a. Mailing Address
21 1400 N.E. Miami Gardens Dr.	26 1400 NE Miami Gardens
Suite, Apt. #, etc. 22 Suite #216	Suite, Apt. #, etc. 27 Suite 216
City & State 23 N. Miami Beach, FL	City & State 28 N. Miami Beach, FL
Zip 24 33179 Country 25 USA	Zip 29 33179 Country 30 USA

4. FEI Number: **65-0612491** ☐ 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

9. Name and Address of Current Registered Agent

MILLER, DEBRA S
1915 NE 214 TERRACE
MIAMI FL 33179

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: Debra S Miller — 1/21/97
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	PVST	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT B		12 NAME	
STREET ADDRESS	16855 NORTHEAST 2ND AVENUE, SUITE 3052		13 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT B		22 NAME	
STREET ADDRESS	16855 NORTHEAST 2ND AVENUE, SUITE 3052		23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: [redacted] ROBERT B. MILLER 1/22/97 305 940-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #