

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, .. Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000070717 (0)**

1. Corporation Name

MILTON GROUP TWO, INC.



Principal Place of Business

~~2700 S.W. 23RD TERRACE,
MIAMI FL 33145~~

Mailing Address

~~2700 S.W. 23RD TERRACE
MIAMI FL 33145~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1995	
21	3711 S.W. 27th Street	26	3711 S.W. 27th Street	4. FEI Number 65-0609745	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	MIAMI, FL	28	MIAMI, FL		
24	Zip 33134	25	Country	29	Zip 33134
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
WEISSLER, ROBERT I 2200 MUSEUM TOWER 150 W. FLAGLER STREET MIAMI FL 33130		81 Name LAZARO MILTON			
		82 Street Address (P.O. Box Number is Not Acceptable) 3711 S.W. 27th STREET			
		83			
		84 City MIAMI			
		85 Zip Code FL 33134			

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, LAZARO		1.2 NAME	MILTON LAZARO	
STREET ADDRESS	2700 S.W. 23RD TERRACE		1.3 STREET ADDRESS	3711 S.W. 27th STREET	
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, ALEXANDER		2.2 NAME	MILTON, ALEXANDER	
STREET ADDRESS	2700 S.W. 23RD TERRACE		2.3 STREET ADDRESS	3711 S.W. 27th STREET	
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, MAURICE		3.2 NAME	MILTON MAURICE	
STREET ADDRESS	2700 S.W. 23RD TERRACE		3.3 STREET ADDRESS	3711 S.W. 27th STREET	
CITY-ST-ZIP	MIAMI FL 33145		3.4 CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE:

[Signature]

4/2/98 **200-444-8326**

CR2E034 (10/97)