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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P9600000099 (7) **DOCUMENT #**

MILANI & ESAKI INC.

Zip Country Zip Country 8. This corporation has liability for intendible tax under s. 199 032	Principal Place	e of Business	Mailing Address		···-				
2, Prince of Purce of Business	5040 PARK CENTRAL DR #2014 5040 PARK CENTRAL DR				#2014				
Suite, Apt. #, etc.							12/19/1995	3a. Date of Last	Report
Substitution Subs	h	Place of Business							Applied For
27 City & State					39-3330802				
28	22		27			, , , , , , , , , , , , , , , , , , , ,			
25 29 30 First Colored Statutes 1 to Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of N	23		28				Trust Fund Contribution	☐ Add	ed to Fees
ESAKI, MARCIO M SO40 PARK CENTRAL DR #2014 682 Street Address (P.O. Box Number is Not Acceptable) 683 684 City FL 685 Zip Code 697 (0502 and 607.1508, Finitida Statutes, the above named corporation submits this statement for the purpose of changing its registered directors. I hereby accept the appointment as registered agent, I am furnish with, end accept the displaction of Section 607 0507, Final Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, I am furnish with, end accept the displaction of Section 607 0507, Final Statutes. Signal Life	[24] ^{Zip}	25	29	├	ntry				199.032,
ESAKI, MARCIO M 5040 PARK CENTRAL DR #2014 ORLANDO FL 32839 82 Street Address (P.O. Box Number is Not Acceptable) 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 included the complete of 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 including the participation of the change of	· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curi	ent Registered Agent				10. Name and Address of New Re	gistered Agent	
Scale PARK CENTRAL DR #2014 ORLANDO FL 32839 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 international discorption of the obligations of Sections 607,0502, Florida Statutes. SIGNATURE Sy arm, by one protections of registered agent and third at a basis. NOTE Registered Agent Expansions of Sections 607,0502 and 607,1508, Florida Statutes. NOTE Registered Agent Expansions of Sections 607,0502 and 607,1508, Florida Statutes. SIGNATURE Sy arm, by one protections of registered agent and third at a basis. NOTE Registered Agent Expansions of Sections 607,0502 and 607,1508, Florida Statutes. NOTE Registered Agent Expansions beared of directors. I hereby accept the appointment as registered agent. I am registered agent. I am service agent agent to provide the change of the purpose of change agent. I am registered age	FCAN	MADOIO N			81	Name			
BILL ADDRESS ONLANDO FL 32839 B3					82	Street Add	ress (P.O. Box Number is Not Acceptable	a)	
B4				ŀ	В3				
1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the chigations of, Section 607,0505, Florida Statutes. SIGNATURE		50 YE 02000		1					
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. Statutes. SIGNATURE Systems, but to probabilished registered agent and this it as taken. Port to provide the objection of the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607:0505, Florida Statutes. SIGNATURE Systems, but to probabilished or registered agent and this it as taken. Port to probabilished or registered agent, and this it as taken. Port to probabilished agent and this it as taken. Port to probabilished accept the obligations of, Section 607:0505, Florida Statutes. SIGNATURE Systems, but to probabilished or registered agent and this it as taken. Port to probabilished accept the obligations of, Section 607:0505, Florida Statutes. POTE Registered Agent to probabilished accept the corporation's board of directors. I hereby accept the appointment as registered agent, and statutes. POTE Registered Agent to probabilished accept the corporation's board of directors. I hereby accept the appointment as registered agent, and statutes. POTE Registered Agent to probabilished accept the corporation's board of directors. I hereby accept the appointment as registered agent, and statutes. POTE Registered agent, or hereby accept the corporation's board of directors. I hereby accept the appointment as registered agent, and statutes. IT INTER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.11ILE					84	City		F1 85 Z	ip Code
THE	7007 11151 771	in the decept the deligations of Ge	etion 607.0300, Florida Statute	5.					registered office d agent. I am
D	12.	OFFICERS A	ND DIRECTORS		- 100	it big take to part			ORS IN 12
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP

6 3 STREET ADDRESS 64 CITY - ST-ZIP

6 1 TITLE

62 NAME

011Y-51-7IP

STREET ADDRESS

TIFLE

NAME

DELETE

2/12/96 407.438-3422

Addition