

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023777

1. Corporation Name

MIL-SPECS TRADING CO.

Principal Place of Business

250 CATALONIA AVENUE, SUITE 705
C/O MENDIVE & GONZALEZ
CORAL GABLES FL 33134

Mailing Address

250 CATALONIA AVENUE, SUITE 705
C/O MENDIVE & GONZALEZ
CORAL GABLES FL 33134

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

9. Name and Address of Current Registered Agent

CONTESSA, PAUL N
15321 SOUTH DIXIE HIGHWAY
SUITE 207
MIAMI FL 33157

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

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

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

(NOTE: Registered Agent Signature is not required for this filing)

(SEE)

12. OFFICERS AND DIRECTORS

11. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MILIANI, ADOLFO R
250 CATALONIA AVENUE, SUITE 705
CORAL GABLES FL 33134

[] DELETE

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[] DELETE

13. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[] DELETE

14. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[] DELETE

15. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[] DELETE

16. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[] DELETE

13.

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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04/15/99-01099-016

****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

FILED

99 APR 12 AM 9:25

SECRET



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

65-0676355

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 owes the current year Intangible
Personal Property Tax

[] Yes [X] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

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