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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028958 (2)

MILLENIUM OF MIAMI INDUSTRIES, INC.

FILED May 12 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address 1385 CORAL WAY #406 MIAMI FL 33145 MIAMI FL 33145-2941 | | | | 3. Date Incorporated or Qualified | 3a. Date of Last | |
|--|--|---|---|--|---|--------------------------------|
| 2. Principal Plac | | 2e. Mailing Address | | 04/03/1996 4. FEI Number | <u> </u> | applied For |
| 21 <i> 13430</i> Suite, Apt. #, | SW 131 ST | 26 13430 SW Suite, Apt. #, etc. | 131 51 | 65-0662788 | 60 75 | lot Applicable |
| 22 | eid | 27 | | 5. Certificate of Status Desired | | Additional lequired |
| City & State 23 MIAM | FLORIDA | City & State | RIDA | Election Campaign Financing Trust Fund Contribution | | May Be I to Fees |
| 24 3318 6 | Country 25 US | Zip 29 33186 30 | Country | This corporation has liability for Florida Statutes Name and Address of New Re | Yes No | s. 199.032, |
| INTUA | g. Name and Address of Current N, EDUARDO | недівтеге депт | 81 Name | 10. Name and Address of New He | gistered Agent | |
| | CORAL WAY #406 | | JP | MES I FUNGARO | <u> </u> | |
| | FL 33145 | | 82 Street Add | dress (P.O. Box Number is Not Acceptable Communication of the Communicat | RRACE | |
| • | | | 83 | | , , , , , , , , , , , , , , , , , , , | |
| | | | 84 City A | | 85 Zic | Code |
| | | | I M | IAMI | FL 3 | 3187 |
| 11. Pursuant to office or reg | the provisions of Sections 607,0502 extered agent, or both in the State of | ' and 607.1508, Florida Statutes, 1 of Florida. Such change was auth | he above-named col prized by the corpora | rporation submits this statement for the pation's board of directors. I hereby accept | ourpose of changing of the appointment a | its registered s registered |
| agent I mi | faluiliar with, and recept the obligat | tions Section 607.0505, Florida | Statutes | | 1 10- | |
| SIGNATURE | And The Control of th | t and tille if applicable. (NOTE Re | Istered Agent signature requ | uired when reinstating) | CATE I | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTO | RS IN 12 |
| | PRESIDENT | ☐ DELETE | 1.1 TITLE | ICE PREBIDENT | ☐ Change | Addition |
| | FUNGAROLI, JAMES F | | 1.2 NAME | AMES PGEPPJK | | |
| Direct Contractor Contractor | 14921 S.W. 164TH TERRACE | | 1.3 STREET ADDRESS | 272 WYNNEDALE KO | PAD | (000 |
| | MIAMI FL 33187 D | N DELETE | 14 CITY-ST-ZIP | INDIANAPOLIS INT | Change | ನಿಳೆಸ್ತಿ |
| 1.121 | FUNGAROLI, JENNIFER A | DELETE | 2.1 THILE | ECKETARY TREASUR | DIRECTE | AUGILION |
| 1 | 14921 S.W. 164TH TERRACE | | 2.2 NAME | rancis x mora | o ipio | 1 |
| CHIEF THE SHIELD | MIAMI FL 33187 | | 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP | 1118 SW 148TH PLACE | | |
| 11/11 | THE WITH TE COLOR | DELETE | 3.1 TITLE | MIAMI FL-33146 | Change | Additio |
| NAM! | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CHY-S1-7IP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | W. W. S. | DELETE | 4.1 TITLE | | Change | Addition |
| NAME | | | 4. 2 NAME | · | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZP | · · · · · · · · · · · · · · · · · · · | | 44 CITY-ST-ZIP | | | |
| TillE | | ☐ DELETE | 51 TITLE | | L Change | Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADORESS | | } | 5.3 STREET ADDRESS | | | |
| CITY-S1-ZIP | | Lociete | 5.4 CITY - ST - ZIP | | Channe | Addison |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | Į | 6.3 STREET AODRESS | | • | |
| City St-7iP | | | 6.4 CITY-ST-ZIP | nd in Section 110 07/2)(i) Elected Statute | | |

Ido 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: QUINTIFICATION TYPES OF SIGNING OFFICER ON DIRECTOR OF DIRECTOR OF SIGNING OFFICER ON DIRECTOR OFFICER OF SIGNING OF SIGNING OFFICER OFFICER OFFICER OFFICER OFFICER OFFICER OFFICER OFFICER OFFICER OFFI