

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

FILED
May 19 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 # P96000029127
1. Corporation Name
MILLS RANCH, INC.

Principal Place of Business 66 W. Flagler St. Ste. #700, Concord Bldg. Miami, FL 33130	Mailing Address 66 W. Flagler St. Ste. #700 Concord Bldg. Miami, FL 33130
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2. Principal Place of Business 26 66 W. Flagler St. Suite, Apt. #, etc. 26 Ste. #700, Concord Bldg City & State 23 Miami, FL Zip 23 33130	2a. Mailing Address 26 66 W. Flagler St. Suite, Apt. #, etc. 27 Ste. #700, Concord Bldg City & State 28 Miami, FL Zip 29 33130	3. Date Incorporated or Qualified 4/3/96	3a. Date of Last Report 9/10/97
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4. FEI Number 65-0778472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FRANK D. NEWMAN
66 W. Flagler St.
Ste. #700, Concord Bldg.
Miami, FL 33130

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 _____ (Signature, typed or printed name of registered agent on FEE if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres/Dir	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn Mills	1.2 NAME	
STREET ADDRESS	4765 Lake Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137-3373	1.4 CITY-ST-ZIP	
TITLE	Sec/Tres	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank D. Newman	2.2 NAME	
STREET ADDRESS	66 W. Flagler St., Suite #700	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33130	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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, unchanged, or on an attachment with an address.

SIGNATURE: Frank D. Newman, Sec. 4/29/98 305/374-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)