

FILE NOW: FILING FEE AFTER MAY 1 IS \$

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037655 (3)

1. Corporation Name
MILLER GROUP INTERNATIONAL, INC.

Principal Place of Business
**11010 S.W. 13TH STREET
PEMBROKE PINES FL 33025**

Mailing Address
**11010 S.W. 13TH STREET
PEMBROKE PINES FL 33025-3545**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 11010 SW. 13th St. 23 City & State Pembroke Pines FL 24 Zip 33025 25 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33025 29 Country USA		3. Date Incorporated or Qualified 04/26/1996	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0665787		Applied For <input type="checkbox"/> 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		7. 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 GORZECK, RANA M 100 W. CYPRESS CREEK ROAD SUITE 910 FORT LAUDERDALE FL 33309				10. Name and Address of New Registered Agent 81 Name RANA M GORZECK 82 Street Address (P.O. Box Number is Not Acceptable) 100 NE 3rd Ave 83 Suite 1100 84 City Ft. Lauderdale FL 85 Zip Code 33301			
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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 Stephen W. Miller (NOTE: Registered Agent signature required when registering) DATE 3/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME President STREET ADDRESS Stephen W. Miller CITY-ST-ZIP 3921 Crystal Lake Dr. Suite 407 Pompano Beach, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME Vice President STREET ADDRESS Christine Heft CITY-ST-ZIP 11010 SW 13th St Pembroke Pines FL 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: Stephen W. Miller DATE 3/15/97 DAYTIME PHONE # 954-430-3560

CR2E034 (9/96)