Apr 22, 2000 8:00 am Secretary of State

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000049348**

MILLER & ASSOCIATES TRADING EXPORT CO.

				,	04-22-2000 90107 (J39 1 1 JU.	00	
Principal Place	e of Business	Mailing Address						
		3401 N.W. 202ND ST. MIAMI 33 33056-1722						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE		
City & State		City & State		4. 1	FEI Number 65-0673232	 	plied For t Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Addi	itional	
	6. Name and Address of Current F	legistered Agent			Name and Address of New Registered	Agent	~	
U. Halle and Address of Content Hogister Co Agent			Name	Name				
3401	DNG, BARBARA A N.W. 202ND ST.	Street Address		ddress (P.O. B	(P.O. Box Number is Not Acceptable)			
MIAM	fl FL 33056-1722							
			City		F	Zip Code)	
CICNIATI IDE	named entity submits this statement for Signature, typed or printed name of registered agent as		egistered office or			ै पुरुष की पूर्व है। इस हो जिल्हा इस्तिक हैं।		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		50.00 t of State	Election Campaign Financing Trust Fund Contribution.	Added	0 May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS AN	1D DIRECTORS	3 IN 11	
TITLE	PO	☐ Delete	TITLE			🔣 Change	☐ Addition	
NAME STREET ADDRESS	MILLER, ASTON G -3345 N. W. 198TH TERRAGE		NAME STREET ADDRESS	18878	NW 52ND PLACE			
CITY-ST-ZIP	MAMI-FL-33056		CITY-ST-ZIP	MIAMI	, FLORIDA 33055			
TITLE NAME STREET ADDRESS	T_ 	X Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition (
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	3###F#>3##E==	— 🗔 Delete —	NAME STREET ADDRESS CITY-ST-ZIP	18878	RDO N. MILLER NW 52ND PLACE , FLORIDA 33055	- — 🖃 Change —	🛣 - Addition -	
				1121212		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Grizzinge		
TITLE NAME STREET ADDRESS	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ASTON G MILLER, President, ou 14-00 305 474-9908 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR