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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093339 (5)

MILLENNIUM ELECTRONICS, INC.

FILED May 07 1997 8:00am Secretary of State



						<u> </u>
Principal Place of Business Mailing Address					3 1001001 110 10110 01111 36161 301(1 00/16	#### #####
1349 WESTVIEW BLVD. 1349 WESTVIEW BLVD. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024			3024			
					3. Date Incorporated or Qualified 11/14/1996	3a. Date of Last Report
_	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
		26			65-0708361	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	28		,		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip Cou		Count	b. The corporation has habiting for strangless tax all doi of 155.002.		
24	25	29	30			Yes No
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Res	gistered Agent
	NZALEZ, ROBERT A		8	1 Name		
1349 WESTVIEW BLVD.			8	82 Street Address (P.O. Box Number is Not Acceptable)		
PEN	MBROKE PINES FL 33024		8:			
			[6,]		
			8-			FL 85 Zip Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change war	s authorized b	ov the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if application (N	OIL Registered A	oent signature requ	ired when reinstating)	DATE
12.	OFFICERS ANI		13.	<u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	GONZALEZ, ROBERT A		1.2 NAME			
STREET ADDRESS	1349 WESTVIEW BLVD.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CHY-	ST-ZIP		
TITLE		☐ DELETE	2 t 111LE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	1 ADDRESS		
CITY-ST-ZIP			2 4 City			
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			ļ
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY	-SI-ZIP		Chappe Addition
TITLE		□"] refetit	4.1 HEE	_		Change Addition
NAME CTREET ADDRESS			4. 2 NAM			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	\$1- <i>I</i> IP		Change Addition
NAME	1	_ victit	5.2 NAME			C Sugarda C Languaga
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.3 SINE			
TITLE		DELETE	611PLE	31-411		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP			6.4 CITY-	51. HP	11 6 0 146 67(0)(1) 5 11 6	

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attackment with an address.