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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000026331 (3) DOCUMENT #

## **FILED** May 11 1998 8:00am Secretary of State

MILI ENTERPRISES INC. Principal Place of Business Mailing Address 5510 SW 25TH AVE 5510 SW 25TH AVE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0738435 21 Not Applicable Suite, Apt. #. etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Von No Zip Country Zio Country 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRASSARD, LISE 5510 SW 25TH AVE Street Address (P.O. Box Number is Not Acceptable) **B2** FORT LAUDERDALE FL 33312 83 84 City Zip Code 85 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 protect name of tog stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 THLE Change TITLE BRASSARD, LISE CR2E034 NAME 1.2 NAME **5510 SW 25TH AVE** STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33312 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE D'ANDRIEU, MICHEL 22 NAME NAME 5510 SW 25TH AVE 2.3 STREET ADDRESS STREET ADORESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP 2, 4 CITY - ST - ZIP DELETE Change Addition TITLE 3,1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 rusted 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 atla hippint with in address.

CIGNATURE

4-29-98 954-961-2271