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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P97000051179 (4)

MILKO INTERNATIONAL, CORP.

FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						0110/ 1100 11011 10010 F011 1401
11405 N.W. 7TH ST. 11405 N.W. 7TH ST.						
#101 #101					DO MOT WINTE (A TIL)	פ פטאטר
MIAMI FL 33172 MIAMI FL 33172					DO NOT WRITE IN THI	S SPACE
					3. Date incorporated or Qualified 06/10/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		 _	4. FEI Number	Applied For
21		26	<u>⊢</u> ¬		65-0762145	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	<u> </u>		8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
9. Name and Address of Current Registered Agent DIEDBICO MILKO 81 Name					IV. Harrie situ Address of New Registere	u Agent
D'ERRICO, MILKO						
11405 N.W. 7TH ST.				Street Add	ress (P.O. Box Number is Not Acceptable)	
#101 MIAMI FL 33172				B3		
MI	MI FL 331/2		L			
				B4 City	F	85 Zip Code
11 Purguent I	n the provisions of Sections 607	0502 and 607 1508. Florida 5	Statutes the eh	ove-named corr		
office or re	egistered agent, or both, in the S	ate of Florida. Such change	was authorized	by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
	n familiar with, and accept the ol	oligations of, Section 607.05t	os, Fiorida Statt	ILOS.		
SIGNATURE	Signature, typed or printed name of registere	d accent and title if applicable	(NOTF: Registered	Agent signature requi-	red when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELET	E 1.1 TIT	E		Change Addition
NAME	ME D'ERRICO, MILKO		1.2 NAI	AE		
STREET ADDRESS			1.3 STF	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE	VO DELETE		E 2.1 TIT	.E		Change Addition
NAME	D'ERRICO-GONALEZ, MARIA		2.2 NAI	AE		
STREET ADDRESS	*··-*		2.3 STF	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172			Y-ST-ZIP		
TITLE	610	☐ DELET	E 3.1 T(T)	.E		Change Addition
NAME	D'ERRICO-GONALEZ, JAN	EIH	3.2 NA	1		
STREET ADDRESS	11405 N.W. 7TH ST.			EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172	DELET		Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		☐ DELET		- 1		Cuanda Cuandan
NAME			4. 2 NA	4		
STREET ADDRESS			1 1	EET ADDRESS	•	
CITY-ST-ZIP		DELET		Y-ST-ZIP		☐ Change ☐ Addition
TITLE NAME			5.1 N	1		
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP			•	Y-ST-ZIP		
TITLE		☐ DELET				Change Addition
NAME			6.2 NAI	- 1		
STREET ADDRESS	•			EET ADDRESS		
				Y-ST-ZIP		
CITY-ST-ZIP	All and the state of the state	White this Cline shape had been			Section 119 07/3Vi) Florida Statutes I further	portify that the information

14. I 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.

CICNATUDE.

02/27/98(3057559-4328