

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
X1997X 1998			
DOCUMENT # P97000062991 1. Corporation Name MILLENIUM MANAGEMENT INC.			
Principal Place of Business 1717 N. Bayshore Drive Suite 105 Miami Florida 33132		Mailing Address 1717 N. Bayshore Drive Suite 105 Miami Florida 33132	
2. Principal Place of Business 21 1717 N. Bayshore Dr. Suite, Apt. #, etc. 22 105 City & State 23 Miami Florida Zip 24 33132 Country 25 U.S.A.		2a. Mailing Address 26 1717 N. Bayshore Dr. Suite, Apt. #, etc. 27 105 City & State 28 Miami Florida Zip 29 33132 Country 30 U.S.A.	
3. Date Incorporated or Qualified 07-21-95		3a. Date of Last Report NEW	
4. FEI Number 65-0769849		Applied For 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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GREGORY J. BLODIG 100 W. CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE FL. 33309		10. Name and Address of New Registered Agent 81 Name 82 AMAURY MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 83 1717 N. Bayshore Dr. Suite 105 84 City MIAMI 85 Zip Code FL 33132	
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 AMAURY MARTINEZ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DIRECTOR NAME RICHARD BRITZIUS STREET ADDRESS 2450 TOPPING PLACE CITY-ST-ZIP EUSTIS FL. 32726		1.1 TITLE DIRECTOR 1.2 NAME GEORGE GRAHAM JR. 1.3 STREET ADDRESS 1717 N. BAYSHORE DR SUITE 105 1.4 CITY-ST-ZIP MIAMI FL. 33132	
TITLE DIRECTOR NAME AMAURY MARTINEZ STREET ADDRESS 4767 ALTON ROAD CITY-ST-ZIP MIAMI BEACH FL. 33140		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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: AMAURY MARTINEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)

5/1/98 (305) 371-7071
Date Daytime Phone #