

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90131 031 \*\*\*158.75

DOCUMENT # P97000070941

1. Corporation Name  
MILLENNIUM BUSINESS SOLUTIONS, INC.

Principal Place of Business  
14279 S W 166TH ST  
MIAMI FL 33177  
US

Mailing Address  
14279 S W 166TH ST  
MIAMI FL 33177  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 14356 SW 167 Terr.

Suite, Apt. #, etc.

22

City & State  
23 Miami, Florida

Zip Country  
24 33177 Dade

2a. Mailing Address

26 14356 S.W. 167 Terr.

Suite, Apt. #, etc.

27

City & State  
28 Miami, Florida

Zip Country  
29 33177 Dade

3. Date Incorporated or Qualified

08/15/1997

4. FEI Number

65-0775294

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes

X No

9. Name and Address of Current Registered Agent

CRUZ, TATIANA  
7320 SW 72N AVE  
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name MARIA C. ESPINOSA  
82 Street Address (P.O. Box Number is Not Acceptable)  
14356 SW 167 Terr.  
83  
84 City Miami FL 85 Zip Code 33177

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-99

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME CRUZ, TATIANA  
STREET ADDRESS 7320 SW 72N AVE  
CITY-ST-ZIP MIAMI FL 33143

DELETED

TITLE P  
NAME ESPINOSA, MARIA C  
STREET ADDRESS 14279 S W 166TH STREET  
CITY-ST-ZIP MIAMI FL 33177

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 (305) 365-9000

Date

Daytime Phone #

0256226

CR2E034 (11/98)