

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

010163

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
99 APR 30 PM 3: 51

DOCUMENT # P97000078430
1. Corporation Name
MILLS VALLEY LAKE, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 343 ALMERIA AVE CORAL GABLES FL 33134
Mailing Address: 343 ALMERIA AVE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/10/1997
4. FEE Number: NOT APPLICABLE
5. Certificate of Status Desired: [] \$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 [] No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: AMERILAWYER CHARTERED, 343 ALMERIA AVENUE, CORAL GABLES FL 33134

81 Name: Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue
83
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.001 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 the provisions of Section 607.005, Florida Statutes.

SIGNATURE BY: *Natalia Utrera* Vice-President

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
7000002868267--5
-05/07/99--01133--014
****150.00 ****150.00
[] Change [] Addition
DATE: 4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[] Change [] Addition
NAME	SANCHEZ, ELSIE	12 NAME	
STREET ADDRESS	343 ALMERIA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	
TITLE	[] DELETE	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[] DELETE	31 TITLE	[] Change [] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[] DELETE	41 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[] DELETE	51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[] DELETE	61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

CR2E034 (11/98)