PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000097211

MILENIOS MULTIMEDIA INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90041 011 ***150.00



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Principal Place	e of Business	Mailing Address								
13851 SOUTHWEST 16TH STREET 13851 SOUTHWEST 16TH STREE			TREET							
MIAMI FL 33175 MIAMI FL 33175					Ì	DO NOT WRITE IN THIS SPACE				
					r	3. Date Incorporated or Qualifed				
ı					Ì	11/14/1997			1	
2. Principal Pl				4. FEI Number). o	App	lied For			
21 4440	(D)	th Au	e.	-APPLIED FOR 65-07	(03 77 2	Not	Applicable			
Suite, Apt.	DW 107th Ave.	Suite, Apt. #, etc.				5 Certificate of Status Desired	┐ \$.	8.75 Ad		
22 # 7	<u>~</u>	27 # 304						Fee Req	<u>'</u>	
City & State	. 4	City & State	U		[6. Election Campaign Financing		55.00 N	- ,	
	BMI C	28 10,000	Coun	tn.	$-\!-\!+$	Trust Fund Contribution		Added to	rees	
Zip ろう	178 25 USA	Zip 3317X [J'5A	.	This corporation owes the current Personal Property Tax.	year intangit		JNo	
24 55	9. Name and Address of Current		30	J ()		10. Name and Address of New Reg				
	5. Name and Manager			31 Name						
AMERILAWYER 82					82 Street Address (P.O. Box Number is Not Acceptable)					
343 ALMERIA AVENUE				Juect	Addiese		·,			
COR	AL GABLES FL 33134		[4	33						
			- -	34 City			. 8	5 Zip Ci	ode	
			j				FL!			
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute	es, the about thorized	ove-named	corpora	ition submits this statement for the pulls board of directors. I hereby accept the	rpose of char re appointme	iging its r int as reg	egistered istered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Flor	ida Statut	es.			••	•	, [
SIGNATURE							DATE		[
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	gent signature	required wi	ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12	
12.	PVD	☐ DELETE	1.1 TITL	 E	1	1,2511,011,012,012,012	×	Change	Addition	
NAME	FERNANDEZ, ERGIO I		1.2 NAM	ΙE					}	
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CITY-ST-ZIP	MIAMI FL 33175		1.4 CIT	r-ST-ZIP	M	1AM, PL 3317P				
TITLE	STD	☐ DELETE	2.1 TITL				5 6	Change	Addition	
NAME I	FERNANDEZ, PAMELA		2.2 NAN	Æ	ł		•		ĺ	
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CITY-ST-ZIP	MIAMI FL 33175		2, 4 CIT	Y-ST-ZIP	M	Ami, Pl 33,78	·			
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NAME .			6.2 NAA						}	
STREET ADDRESS			6.3 STH	EET ADDRESS	'	•			1	

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 expendence the 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: