Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90009 025 \*\*\*158.75

## 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** 

## DOCUMENT # P97000098571 1. Corporation Name

MILENNIUM TEN. INC

Principal Plac	e of Business		Mailing Address									
15825 S.W. 112TH TERRACE C/O GUSTAVO DIEZ MIAMI FL 33196 3321 S.W. 114 COUF MIAMI FL 33165								DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed 11/19/1997				
2. Principal P	lace of Business		2a. Mailing Ad	idress				4. FEI Number	1	Арр	lied For	
21		:	26					65-0798243		Not	Applicable	
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				5. Certificate of Status Desired	<b>4</b>	75 Ad ee <u>R</u> eq	dditional juired	
City & Stat	e	· - · ·	City & Sta	te				6. Election Campaign Financing Trust Fund Contribution	Ac	ided to	May Be Fees	
Zip	Count	ry	Zip	_	Count	try		8. This corporation owes the current year	· Intangible :Ye∷		EÍN₀	
24	25		29		30			Personal Property Tax.  10. Name and Address of New Register		5 (	7100	
	9. Name and Addr	ess of Current R	Registered Agen	nt	8	B1	Name	10. Name and Address of New Register	eu Agent			
DIEZ	, GILBERTO				L						· .	
15825 S.W. 112TH TERRACE			82			B2	Street Addre	dress (P.O. Box Number is Not Acceptable)				
	MI FL 33196				8	83						
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					IA		City	_	85]			
						- 1	•		-L   i	•		
office or t	to the provisions of Se- egistered agent, or bot m familiar with, and ac	h in the State of I	Florida Such chi	ance was aut	s, the abo	ove-i	named corne	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changi	na its r	registered	
office or t	egistered agent, or bot im familiar with, and ac	h, in the State of l cept the obligation	Florida, Such chi ns of, Section 60	ange was aut 17.0505, Florid	s, the abo thorized b da Statute	ove-i by th	named corpo ne corporatio	pration submits this statement for the numose	e of changi opointment	na its r	registered	
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information sopplied 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 of the corporation of the corporation of the toronto. The true 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 an artistic highest than address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TRE REQUIRED DISTRIBUTION OFFICER OF DIRECTOR

305 559 4685

Change

Change

Addition

Addition