

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90191 022 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000002118**

1. Corporation Name

**MILUZ INCORPORATED**

Principal Place of Business

**901 PONCE DE LEON BLVD.**  
**SUITE #601**  
**CORAL GABLES FL 33134**

Mailing Address

**901 PONCE DE LEON BLVD.**  
**SUITE #601**  
**CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/09/1998**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**2b** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**24** Country

**28** Zip

**29** Country

4. FEI Number

☒ Applied For  
☐ 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

9. Name and Address of Current Registered Agent

**ALBORNOZ, WILLIAM H ESQ.**  
**ALBORNOZ, SEGREDO & WEISZ**  
**901 PONCE DE LEON BLVD., SUITE 601**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

**Luisa Gomez**

82 Street Address (P.O. Box Number is Not Acceptable)

**12310 S.W. 95 ST.**

83

84 City

**MIAMI****FL**

85 Zip Code

**33186**

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

*Luisa Gomez*

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAYONA, MIGUEL</b>	
STREET ADDRESS	<b>901 PONCE DE LEON BLVD., SUITE #601</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

*Miguel Bayona* **SIGNATURE: BAYONA, MIGUEL** **DIRECTOR****08/04/1999**

Date

Daytime Phone #