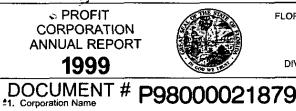
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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

CORPORATION ANNUAL REPORT 1999

MILLER AUTO SERVICES CORP.



FLORIDA DEPARTMENT OF STATE

Katherine Hårris

Secretary of State

VISION OF CORP	ORATIONS
)	

FILED

00 JAN 14 PM 4: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place	incipal Place of Business Mailing Address					
10200 S.W. 56TH ST. MIAMI FL 33165		10200 S.W. 56TH ST. MIAMI FL 33165			REINSTATEMENT 1999	
						3. Date Incorporated or Qualified
						03/09/1998
	Principal Place of Business 2a. Mailing Address				12	
26					65-0818428 Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Regulred
27 City & State City & State						
23		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	3	Country 30		8. This corporation owes the current year Intangible Personal Property. Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				[′] 81	Name	·
	FRANCISCO			82	Street Add	ress (P.O. Box Number is Not Acceptable)
	0 S.W. 56TH ST.			102	Siledi Addi	iress (F.O. Box Halliber is Hot Acceptable)
MAM	II FL 33165		_	83		
			$\wedge \cap$	-	0.1	■ 85 Zip Code
			(V)	4 84	City	FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.0502	and 607,1508, Florid	a Statutes.	the above	-named corpo	pration submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State	of Florida, Such char	ge vas eu	foorized by	y the corporati	ion's board of directors. I hereby accept the appointment as registered
	FRANCISCO		N DE CONTRACTOR		o.	01/04/2000
SIGNATURE .	Signature, typed or printed name of registered agent		(NOTE	E: Registered	Agent signature req	quired when reinstating) DATE
12.	OFFICERS AND	D DIRECTORS	7	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	10 Di	ELETE	1.1 TITLE		Change Addition
NAME	LAM, FRANCISCO	_	/ 1	1.2 NAME	.)	7000031280970
STREET ADDRESS	10200 S.W. 56TH ST.		J	1.3 STREE	TADDRESS	-02/08/0001114012
CITY-ST-ZIP	MIAMI FL 33165			1.4 CITY-S	T-ZIP	****750 00 ****750 00
TITLE		По	DELETE 2.1 TITLE			Change Addition
NAME	.		2.2 NAME		1	_ , _
STREET ADDRESS	*	22		2.3 STREE	TADDRESS	
CITY-ST-ZIP				2.4 CITY-S	T-ZIP	
TITLE			ELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS	مقر			3.3 STREE	TADDRESS	•
CITY-ST-ZIP				3.4 CITY-S	T-ZIP	
TITLE			ELETE	4.1 TITLE		Change Addition
NAME				4.2 NAME	}	
STREET ADDRESS				4.3 STRFF	TADDRESS	
CITY-ST-ZiP				4.4 CITY-S		
TITLE			ELETE	5.1 TITLE		Change Addition
NAME		Di		5.2 NAME		
STREET ADDRESS					TADDRESS	,
CITY-ST-ZIP				5.4 CITY-S		
TITLE		Di Di	ELETE	6.1 TITLE	1	Change Addition
NAME				6.2 NAME		
STREET ADDRESS		\			TADDRESS	
CITY-ST-ZIP	\sim)		6.4 CITY-S		
14. I hereby ce	ertify that the information supplied with	this filing does not au	alify for the	exemptio	n stated in sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information
indicated c	on this annual report or supplementally	andual rep id t is true a	and accurat	te and that	l mv signature	e shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears

SIGNATURE:

TURE FRANCISCO DAM

11/30/99

(305)279-3<u>39</u>9