

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

DOCUMENT # P98000027949

1. Corporation Name

MILLAN & SONS SERVICE, INC.

Principal Place of Business

100 SOUTHWEST 110TH AVENUE  
SUITE 105  
MIAMI FL 33174

Mailing Address

100 SOUTHWEST 110TH AVENUE  
SUITE 105  
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

65-0822753

Applied For

Not Applicable

5. Certificate of Status Desired ☐ NO ☐ YES

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ NO ☐ YES

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 9801 SW 14th ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

24 Zip 33174

Country

25

2a. Mailing Address

26 9801 S.W. 14th ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

29 Zip 33174

Country

30 MIAMI DADE

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ADOLFO E. IGLESIAS

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

12010 S.W. 97 ST.

83

84 City

MIAMI, FLORIDA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME MILLAN, ROBERTO  
STREET ADDRESS 100 SOUTHWEST 110TH AVENUE  
CITY-ST-ZIP MIAMI FL 33174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP MILLAN, ROBERTO ☒ Change ☐ Addition  
1.2 NAME 9801 S.W. 14th ST.  
1.3 STREET ADDRESS MIAMI, FL 33174  
1.4 CITY-ST-ZIP

2.1 TITLE VP SUSANA D. MILLIAN ☐ Change ☒ Addition  
2.2 NAME 9801 S.W. 14th ST.  
2.3 STREET ADDRESS MIAMI, FL 33174  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 19, 1999 8:00 am  
Secretary of State

07-19-1999 90011 011 \*\*\*150.00



CR2E034 (5/99)