**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Jun 18, 1999 8:00 am Secretary of State

06-18-1999 90008 024 \*\*\*550.00

DOCUI	MENT # P98000	<b>)4</b> (	0286					
T. Corporation	COMM OF MILLER, INC.							
Principal Place	e of Business	М	ailing Address				BIEH GENS NES	
15540 SW 156TH AVENUE 15540 SW 156TH AV								
MIAMI FL 33187 MIAMI FL 33187								
						DO NOT WRITE IN THIS	SPACE	
•						3. Date Incorporated or Qualifed		. 1
						05/05/1998	I I a	r.d.F
2. Principal Pl	ace of Business	$\vdash$	Mailing Address			4. FEI Number 65 - 0840794	<del> </del>	pplied For ot Applicable
21		26	C.: 4			65 - 00 10 114		Additional
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certifcate of Status Desired		equired
City R State			City & State			a Startia Compaign Figureira	<del></del>	May Be
City & State	B	20	Oity & State		Special Section	6. Election Campaign Financing  - Trust Fund Contribution	•	to Fees
Zip	Country	28	Zip	Country		This corporation owes the current year In		
¬ '	25	29	30	¬ ´		Personal Property Tax.	Yes	™No
24	9. Name and Address of Current			"		10. Name and Address of New Registered	Agent	,
				81	Name		てると	
PAL SINGH, DAVINDER						ess (P.O. Box Number is Not Acceptable)		
15540 SW 156TH AVENUE				02	1554			
MIAN	AI FL 33187			83				
				_	011	r	ne Zio	Code
				84	City MI	1 ami Fl	- 185 Zip - 33	Code
11, Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statutes,	the above	e-named corpo	pration submits this statement for the purpose of	changing its	registered
office or p	egistered agent, or both, in the State or m familiar with, and accept the obligation	t Hioria	da. Such chande was auth	onzen ov	the corporatio	in s board of directors. I hereby accept the appo	intment as re	gistered
	SOM DAVID	10	ER PAL SI	NGH	CPRE	SIDENT) 6/19	·9:	5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
SIGNATURE	Signature, typed or printed name of registered agent				nt signature required			
12.	OFFICERS AND	DIRE		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSD		☐ DELETE	1.1 TITLE			Change	☐ Addition )
NAME	PAL SINGH, DAVINDER			1.2 NAME			,	
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33187		1.4 C/TY-ST-Z/P					
TITLE	VD DELETE 2.		2.1 TITLE			Change	Addition	
NAME	Muhammad, sabir			2.2 NAME				
STREET AODRESS	13850 SW 88TH STREET			2.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			2.4 CITY-5	ST-ZIP			
TITLE .			☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME				3.2 NAME				Í
STREET ADDRESS					TADORESS	الداء المعادي المعطية في يستنيد ويستنيد والمستنيد		-
CITY-ST-ZIP	The second secon			3.4. CITY-5	ST-ZIP	* * · · · · · · · · · · · · · · · · · ·		
TITLE			☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			i	4, 2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME ·			•	
STREET ADDRESS				5.3 STREE	TADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS			•	6.3 STREE	TADDRÉSS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP