PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000058941

1. Corporation Name

MILLENIUM TWO PREMIER COMPUTING CORPORATION

Principal Place	of Business	Mailing Address	Mailing Address				
3022 CENTER STREET MIAMI FL 33133		3022 CENTER STREET MIAMI FL 33133					
					DO NOT WRITE:	DO NOT WRITE IN THIS SPACE	
•	•				3. Date Incorporated or Qualifed		
					07/02/1998		
		On Malling Address			4. FEI Number		plied For
2. Principal Place of Business 2a. Mailing Addres			agress		65-0848 101	<u> </u>	t Applicable
21			26 Suite And Warter		0505 43 701	\$8.75 A	
Suite, Apt. #, etc.		⊢	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Re	
22			City & State				
City & State		City & State	⊢ '		6. Election Campaign Financing	□ \$5.00 Added t	-
23		28			Trust Fund Contribution		o rees
Zip	Country Zip		30 Country		8. This corporation owes the current	year intangible ☐ Yes	No
24	. 25		01		Personal Property Tax. 10. Name and Address of New Regi		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent	
ANG	DII AMAVED		81	INATING	cope 's	ě.	}
AMERILAWYER			82	Street	dress (P.O. Box Number is Not Acceptable)		
	ALMERIA AVENUE						
COH	VAL GABLES FL 33134		83		•	•	
	•		84	City		85 Zip (Code
						FL	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above	e-named	corporation submits this statement for the pur	pose of changing its	registered =
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	etions of Section 607.0505, Florid	nonzed by la Statutes	tne corpo	oration's board of directors. I hereby accept th	e appointment as re	gistered
	1211,						l
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	legistered Ager	nt signature n	required when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1.1 TITLE		President (P)	Change	☐ Addition
NAME	ORTIZ, WILLIAM		1.2 NAME		CATIOS DETIZ		
STREET ADDRESS	3022 CENTER STREET		1.3 STREE	ADDRESS	3022 Center St.		
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-S	T-ZIP	Miami, FL 33,133	,	
TITLE	CEOD	☐ DELETE	2.1 TITLE		Vice Passident (V)	Change	☐ Addition
NAME	ORTIZ, CARLOS		2.2 NAME	i	inilliam ORTZ	:	
	3022 CENTER STREET			T ADDRESS	3022 Center Steet	•	
STREET ADDRESS	MIAMI FL 33133		2.4 CITY-ST-ZiP		Miami Fr 33133		}
CITY-ST-ZIP			3.1 TITLE			Change	Addition
	STD AFFORDER	_ 500_70	3.2 NAME		·	_, -,	· -
NAME _ ~	ORTIZ, MERCEDES					٠.	
STREET ADDRESS				TADDRESS		. ,	
CITY-ST-ZIP	MIAMI FL 33133	☐ DELETE	3.4. CITY-8	ST-ZIP		☐ Change	Addition
TITLE		: Oereie	4.1 TITLE				
NAME		سيست سيدين مسيد	4. 2 NAME				
STREET ADDRESS				TADDRESS			· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	-	Change	Addition
TITLE		☐ DELETE	5.1 TITLE			Cnange	Addition
NAME	:		5.2 NAME			•	·
STREET ADDRESS			5.3 STREE	T ADDRESS			
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	TADDRESS	·		

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.

6.4 CITY-ST-ZiP

May 03, 1999 8:00 am Secretary of State

05-03-1999 90061 028 ***158.75