FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90104 034 ***150.00

DOCUMENT # P98000090404

1. Corporation Name

MILAGO	COMMUNIQUE GROOF	, 110						
Principal Plac	e of Business	Mailing Address	s			-	GALLA FAFFI ABILL GFALF I	
1483 S.W. 156TH WAY 1483 S.W. 156TH WAY								
PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027						DO NOT WRITE IN	THIS SDACE	
						Do NOT WRITE IN Date Incorporated or Qualifed	INIS SPACE	
						10/23/1998		
Principal Place of Business 2a. Mailing Address			Iress			4. FEI Number	Ap	plied For
21		26				65-0880001		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.			5. Certifcate of Status Desired	\$8.75 A	
22 27 City 8 State							Fee Re	<u> </u>
City & State City & State			2			6. Election Campaign Financing	\$5.00 Added t	•
23	Carreta	28 Zip		Country		Trust Fund Contribution		o rees
Zip	Country	<u>├</u> ┐ '	30	Southly		 This corporation owes the current year Personal Property Tax. 		□No
24	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registe		=
	v. Hallic and Address of v.			81	Name			
DIAZ	, Lourdes			92	Ctront Addrs	os (D.O. Boy Number in Not Accentable)		
1483 S.W. 156TH WAY				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
PEM	Broke Pines FL 33027			83				
				84	City		- 85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					•		FL OF ER	
office or a	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida. Such cha bligations of, Section 607	nge was authori '.0505, Florida S	ized by the Statutes.	ne corporation	n's board of directors. I neraby accept the a	appointment as re	gistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD		DELETE 1.	.1 TITLE				
NAME	DIAZ, LOURDES						Change	Addition
STREET ADDRESS	4400 014 450511 1444			.2 NAME			Change	Addition
CITY-ST-ZIP					(DORESS		☐ Change	Addition
	I PEMBRUKE PINES FL 3307	27	1.	.2 NAME			☐ Change	☐ Addition
TITLE	PEMBROKE PINES FL 330		1.	.2 NAME .3 STREET A			Change	Addition
NAME	PEMBRUKE PINES FL 330		1. DELETE 2.	.2 NAME .3 STREET A .4 CITY-ST-			·	
	PEMBRUKE PINES FL 330		1. DELETE 2.	.2 NAME .3 STREET A .4 CITY-ST- .1 TITLE	ZIP		·	
NAME	PEMBRUKE PINES FL 330		1. DELETE 2. 2.	.2 NAME .3 STREET A .4 CITY-ST .1 TITLE .2 NAME	ZIP LODRESS		·	
NAME STREET ADDRESS	PEMBRUKE PINES FL 330		1. 1. DELETE 2. 2. 2. 2.	.2 NAME .3 STREET A .4 CITY-ST-: 2.1 TITLE 2.2 NAME 2.3 STREET A	ZIP LODRESS		·	
NAME STREET ADDRESS CITY-ST-ZIP	PEMBRUKE PINES FL 330		1. DELETE 2. 2. 2. 2. DELETE 3.	.2 NAME .3 STREET A .4 CITY-ST1 TITLE .2 NAME .3 STREET A	ZIP LODRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PEMBRUKE PINES FL 330		1. DELETE 2. 2. 2. 2. DELETE 3. 3.	.2 NAME .3 STREET A .4 CITY-ST1 TITLE .2 NAME .3 STREET A .4 CITY-ST-	ZIP NODRESS - ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PEMBRUKE PINES FL 330		1. DELETE 2. 2. 2. 2. DELETE 3. 3. 3. 3.	2 NAME 3 STREET A 4 CITY-ST- 1 TITLE 12 NAME 3 STREET A 1 CITY-ST- 1 TITLE 12 NAME 3 STREET A 14 CITY-ST- 14 CITY-ST- 15 STREET A 14 CITY-ST- 14 CITY-ST- 14 CITY-ST- 15 CITY-ST- 16 CITY-ST- 16 CITY-ST-	ZIP LODRESS -ZIP LODRESS		☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PEMBRUKE PINES FL 330		DELETE 2. 2. 2. 2. 2. DELETE 3. 3. 3. 3. DELETE 4. 4. 4. 4. DELETE 5. 5.	2 NAME 3 STREET A 4 CITY-ST- 11 TITLE 12 NAME 13 STREET A 14 CITY-ST- 13 TITLE 12 NAME 13 STREET A 14 CITY-ST- 14 TITLE 12 NAME 13 STREET A 14 CITY-ST- 14 TITLE 13 STREET A 14 CITY-ST- 15 TITLE 15 NAME 16 CITY-ST- 16 TITLE 17 TITLE 18 NAME 18 CITY-ST- 17 TITLE 18 NAME 18 CITY-ST- 18 TITLE 18 NAME	ZIP LODRESS -ZIP ADDRESS -ZIP ADDRESS ZIP		☐ Change ☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PEMBROKE PINES FL 330		DELETE 2. 2 2. 2 2. 2 2. 2 3. 3 3. 3 3. DELETE 4. 4 4. 4 4. DELETE 5. 5 5. 5 5. DELETE 6.	2 NAME 3 STREET A 4 CITY-ST- 11 TITLE 12 NAME 13 STREET A 14 CITY-ST- 13 TITLE 12 NAME 13 STREET A 14 CITY-ST- 14 TITLE 12 NAME 13 STREET A 14 CITY-ST- 15 TITLE 15 NAME 16 STREET A 16 CITY-ST- 16 TITLE 17 NAME 18 STREET A 18 STREET A 18 STREET A 18 STREET A	ZIP LODRESS ADDRESS ADDRESS ZIP ADDRESS		☐ Change ☐ Change	Addition

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP