

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

2000

DOCUMENT # P99000040037

1. Corporation Name

MILLENIUM MAINTENANCE INC

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAY -1 AM 9:42

Principal Place of Business: 611 SW 56<sup>TH</sup> AVENUE MIAMI FL 33134  
 Mailing Address: 611 SW 56<sup>TH</sup> AVENUE MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0918140	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	City & State		<input type="checkbox"/>	
23	Zip	Zip	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Country		<input type="checkbox"/>	
24	Country	Country	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country	Country	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUIS VINAS 611 SW 56 <sup>TH</sup> AVENUE MIAMI FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

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]* DATE: 4/27/00

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	B/P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LUIS VINAS		1.2 NAME				
STREET ADDRESS	611 SW 56 <sup>TH</sup> AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP	100003249701--7			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	-05/12/00--01004 change 2 <input type="checkbox"/> Addition			
NAME			2.2 NAME	****150.00 ****150.00			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME	AD			
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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]* DATE: 4/27/00 DAYTIME PHONE #