

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90269 032 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <del>1998</del> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S20234** *JoK* **(8)**  
1. Corporation Name  
**PRODUCT CENTER CORPORATION**

Principal Place of Business <b>4001 N.W. 97TH AVE. MIAMI FL 33178</b>	Mailing Address <b>4001 N.W. 97TH AVE. MIAMI FL 33178</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/24/1990**

4. FEI Number

**65-0274993**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 7705 NW 48 St.**

Suite, Apt. #, etc.

**22 Ste. 120**

City & State

**23 Miami Florida**

Zip

**24 33166**

Country

**25 USA**

2a. Mailing Address

**26 7705 NW 48 St.**

Suite, Apt. #, etc.

**27 Ste. 120**

City & State

**28 Miami Florida**

Zip

**29 33166**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**MILLER, EDWARD D  
4001 NW 97TH AVE #101  
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name

**Miller, Edward D.**

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

**7705 NW 48 Street**

83

**Ste. 120**

84 City

**Miami**

**FL**

85 Zip Code

**33166**

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

*Edward D. Miller*  
Signature, typed or printed name of registered agent and title if applicable

**Edward D. Miller**

**4/30/99**

DATE

(NOTE: Registered Agent signature required when reinstating)

11. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>MILLER, EDWARD</b>
STREET ADDRESS	<b>4001 NW 97TH AVE #101</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>MILLER, EDWARD</b>
STREET ADDRESS	<b>4001 NW 97TH AVE #101</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL REGISTERED AGENTS	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	<b>Miller, Edward</b>
1.3 STREET ADDRESS	<b>7705 NW 48 St #120</b>
1.4 CITY - ST - ZIP	<b>Miami, FL 33166</b>
2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	<b>Miller, Edward</b>
2.3 STREET ADDRESS	<b>7705 NW 48 St #120</b>
2.4 CITY - ST - ZIP	<b>Miami, FL 33166</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

*Edward D. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Edward D. Miller**

**4/30/99**

**(305) 592-1170**

Date

Daytime Phone 02658