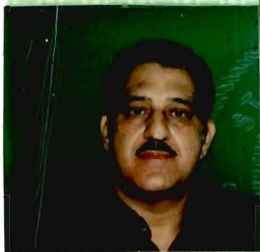


MILIAN, EMILIO
RENEWAL C/W PERMIT #6913

1985

03-048-012

moved from
03-048-019



**CONCEALED WEAPON
PERMIT**

5559
NUMBER

METROPOLITAN DADE COUNTY, FLORIDA

This Will Certify That

NAME EMILIO MILIAN

ADDRESS 180 N.W. 59 COURT
MIAMI, FLORIDA


IS GRANTED PERMISSION BY THE BOARD OF COUNTY COMMISSIONERS TO CARRY FIREARMS, DESCRIBED HEREON, FOR A PERIOD OF ONE YEAR.

PERMIT HOLDER'S SIGNATURE

ISSUED BY

EXPIRES DATE

1/25/85


DIRECTOR PUBLIC SAFETY DEPARTMENT
METROPOLITAN SHERIFF

114.05-142

Lead Safety



DESCRIPTION OF PERMIT HOLDER

HEIGHT 6'0 WEIGHT 225 EYES BRN
SEX MALE RACE WHITE HAIR BRN
D.O.B. 9/8/31

DESCRIPTION OF WEAPON

MAKE RUGER - REV. 8
CALIBRE .357 SERIAL # 1504349

THIS PERMIT IS NON-TRANSFERABLE AND REMAINS THE PROPERTY OF METROPOLITAN DADE COUNTY. THE PERMITEE IS AUTHORIZED TO CARRY THE ABOVE DESCRIBED WEAPON UNTIL THIS PERMIT EXPIRES OR SUCH TIME AS THIS PERMIT IS REVOKED BY THE PUBLIC SAFETY DIRECTOR. PROPER SAFETY PRECAUTIONS AND ALL LAWS MUST BE OBSERVED.



dhwf:milian,emilio.w.m.090831.lw
MILIAN , EMILIO NO HISTORY RECORD

MILIAN , EMILIO ORU
TRAFFIC INFORMATION SYSTEM
ORU TRAFFIC INFORMATION SYSTEM

MILIAN , EMILIO ORU
TRAFFIC INFORMATION SYSTEM
ORU TRAFFIC INFORMATION SYSTEM

09531 ORX QTH NCIC
09531 ORX QTH FCIC

N09531
FL0130080
NO NCIC WANT DOB/090831 NAM/MILIAN,EMILIO SEX/M RAC/W

NCIC REPLY1
NO NCIC WANT DOB/090831 NAM/MILIAN,EMILIO SEX/M RAC/W

FCIC REPLY
T09531

** PAROLE/PROBATION STATUS ONLY **

SUBJ MAY BE ON SUPV FLA DEPT CORR PROB--PAROLE SERV--FOR CONFIRM C
ONTACT
ORI 8 AM-5 PM, M-F,ALL OTHER HRS INQUIRE CO SHERIFF FROM ORI
MILIAN,JUAN FL013205G P0249040 W M 03/19/30 510 170 GRY BRO ,SOC
/264230389
PROB/ FL013205G 114398852 9900 06/21/85
RMKS/7570.

** WANTED PERSON **
MILIAN,LAZARO FLA

0130000 T0119415 W M 12/17/34 510 218 BRO XXX ,FBI/453039E
MNU/OA-115645
FLNY/ FL0130000 686395B 5012 04/15/71 S ,
RMKS/VIOL PROB CONSP TO COM BRIBERY AND LETTERS FROM FLA

** WANTED PERSON **
MILIAN,INOCENTE FL0130000 T1196568 W M 10/28/35 509 190 BLK BRO
LRA/1481 W 41 ST 319 CIT/HIALEAH SOC/148327961
FLNY/ FL0130000 8417675 2606 07/30/84 S ,
RMKS/WORTHLESS CHECK 1 CT FELO&

BY.
END

POWER OF ATTORNEY CP N° 51121
International Fidelity Insurance Company

HOME OFFICE: 24 COMMERCE STREET
NEWARK, NEW JERSEY 07102

TEL. (201) 624-7200

KNOW ALL MEN BY THESE PRESENTS: That INTERNATIONAL FIDELITY INSURANCE COMPANY, a N.J. Corporation, having its principal office in the City of Newark, County of Essex, State of N.J., does hereby make, constitute

and appoint Bobby L. Maynard or Jannette Frost

in the City of Miami, County of Dade, State of **FLORIDA**, with limited authority, its true and lawful Agent and Attorney-in-Fact, with full-power and authority hereby conferred, to sign, execute, acknowledge, and deliver for and on its behalf as Surety, subject to the limitation as herein set forth, any and all papers and documents necessary or incidental to

NOT TO EXCEED THE SUM OF \$25,000.00

The acknowledgement and execution of any such document by the said Attorney-in-Fact shall be as binding upon this Company as if such bond has been executed and acknowledged by the regularly elected officers of this Company.

The signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

All authority hereby conferred shall expire and terminate without notice unless used before midnight of **DEC 31 1985**

INTERNATIONAL FIDELITY INSURANCE COMPANY further certifies that the following is a true and exact copy of a resolution of the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY, duly adopted and now in force, to-wit: All bonds of the Corporation shall be executed in the corporate name of the Company by the President or Vice-President, or by such other officers as the Board of Directors may authorize. The President or Vice-President, Secretary, or any Assistant Secretary may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds in the name of the Company. The Corporate Seal is not necessary for the validity of any bonds of the Corporation.

IN WITNESS WHEREOF, the said INTERNATIONAL FIDELITY INSURANCE COMPANY has caused these presents to be executed by its officer this 7th day of March, 19 85

State of NEW JERSEY
County of ESSEX

INTERNATIONAL FIDELITY INSURANCE COMPANY

By 
EXECUTIVE VICE PRESIDENT

On this 7th day of March, 19 85, before me, a Notary Public, personally appeared NORMAN R. KONVITZ, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as Exec. Vice-President of the said INTERNATIONAL FIDELITY INSURANCE COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.

My Commission expires GILDA LEVINSON
A NOTARY PUBLIC OF NEW JERSEY
My Commission Expires July 23, 1989


Notary Public

FD-157 — DADE POLICE DEPARTMENT

INVESTIGATION REPORT

(Please Type. Answer All Questions in Full Detail.)

1. EMILIO MILIAN 2. RENEWAL C/W PERMIT #6913
Name of Applicant Type of Investigation

3. LIST ALL ALIASES: A. "EMILIO MILIAN DID" B. _____
C. _____ D. _____

4. ADDRESS 180 N.W.59th Court, Miami, Florida 33126 PHONE NO. 261-1637

5. DETAIL REASONS WHY A LICENSE TO CARRY FIREARMS IS REQUESTED. WHERE MONIES ARE INVOLVED STATE APPROXIMATE AMOUNTS. Applicant remains an apparent target of local, alleged anti-Castro or terrorists groups and still fears for his safety and that of his family. He has been licensed for a concealed weapon since October 9, 1974 and an attempt on his life took place on April 30, 1976 where an explosion in his auto caused applicant to lose part of both of his legs. He is also the President of "The New Continental Broadcasting Company," a firm not yet in operation since they are waiting for a license from the Federal Government. This corporation was formed with the intention of operating a new radio station in Miami.

6. IS APPLICANT ASSOCIATED WITH ANY OF HIS REFERENCES IN A BUSINESS VENTURE?
YES NO IF YES, GIVE FULL DETAILS.

7. DO ANY OTHER PERSON(S) HOLDING PISTOL LICENSES PERFORM SIMILAR DUTIES FOR EMPLOYER? LIST AND EXPLAIN.

NO

8. WHY DOES APPLICANT REQUIRE A PISTOL LICENSE, IF ANOTHER OR OTHERS IN SAME EMPLOY HAVE CURRENT PISTOL LICENSES?

N/A

9. APPLICANTS GENERAL CHARACTER:

INTERVIEW 1 SAME AS PREVIOUS.

9. (Continued)

INTERVIEW II SAME AS PREVIOUS.

INTERVIEW III SAME AS PREVIOUS.

OTHER INTERVIEWS MDPD records - Negative
OCB records - Negative
NCIC/FCIC - QRU
No Dade County Occupational License needed at this
time. Surety Bond will be posted upon approval of
this permit.

10. LIST ANY FALSE OR ERRONEOUS STATEMENTS MADE BY APPLICANT OF REFERENCES.

NONE KNOWN.

11. LIST ANY DEROGATORY INFORMATION FROM ANY SOURCE CONCERNING APPLICANT AND REFERENCES.

NONE KNOWN.

STATEMENT OF INVESTIGATING OFFICER:

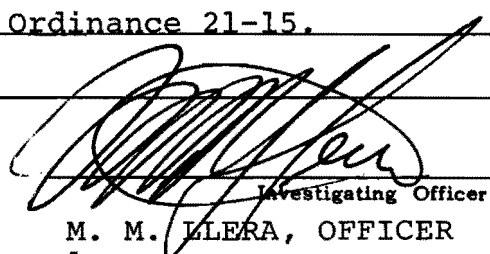
I HAVE PERSONALLY INTERVIEWED AND CAREFULLY INVESTIGATED THE APPLICANT AND HIS REFERENCES.

I (RECOMMEND) (~~DO NOT RECOMMEND~~) THIS APPLICANT BE APPROVED A LICENSE TO CARRY FIREARMS.

REASON FOR ACTION: Applicant still appears to qualify pursuant
to Metropolitan Dade County Ordinance 21-15.

January 25, 1985

Date


Investigating Officer

M. M. LLERA, OFFICER

lw



(Photo)

METROPOLITAN DADE COUNTY
METRO DADE POLICE DEPARTMENT
APPLICATION FOR CONCEALED WEAPON PERMIT

RENEWAL



Right Thumb Print

JAN 08 1985

6913

INSTRUCTIONS: All applications must be typewritten and notarized --Applicable fee must accompany application.--
No refunds will be made.

SOCIAL SECURITY NO:

1	NAME Emilio Milian	RACE White	DATE OF BIRTH Sep. 8, 1931	AGE 53
---	-----------------------	---------------	-------------------------------	-----------

2	LEGAL RESIDENCE 180 N.W. 59 Court	CITY Miami	STATE Florida	PHONE NO. 261-1637
---	--------------------------------------	---------------	------------------	-----------------------

OTHER PRESENT ADDRESSES

No

LIST ALL PREVIOUS ADDRESSES FOR PAST FIVE (5) YEARS:

No

3	MALE <input checked="" type="checkbox"/>	HEIGHT 6 ft.	WEIGHT 225 lbs.	COLOR HAIR brown	COLOR EYES brown	MAR. STATUS married
---	--	-----------------	--------------------	---------------------	---------------------	------------------------

4	PLACE OF BIRTH Cuba	CITIZENSHIP U.S.	NATURALIZED - DATE & PLACE COURT PAPERS FILED Reg. No. 9812628 - Aug. 1, 1973, Miami, Florida
---	------------------------	---------------------	--

5	OCCUPATION Broadcaster	BUSINESS ADDRESS 180 N.W. 59 Ct. Miami, FL 33126
---	---------------------------	---

EMPLOYED BY: ADDRESS The New Continental Broadcasting	TELEPHONE	INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input checked="" type="checkbox"/>
--	-----------	-------------------------------------	--------------------------------------	---

LIST PREVIOUS FIVE YEARS OF EMPLOYMENT - BEGINNING WITH MOST RECENT - INCLUDE DATE

EMPLOYER'S NAME	ADDRESS	OCCUPATION	SUPERVISOR
U.S. Information Agency	Washington, D.C.	Consultant	W. Marsh
From February 27 to May 12, 1984			

6 HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT? IF YES, EXPLAIN IN DETAIL: Yes, from WQBA because disagreement with management about editorial policy of the radio station. It is public record.

7 HAVE YOU EVER BEEN DENIED EMPLOYMENT IN A CIVIL SERVICE SYSTEM? EXPLAIN: No

8 ARE YOU PRESENTLY ENGAGED IN ANY OTHER EMPLOYMENT, BUSINESS OR OCCUPATION? EXPLAIN:

The New Continental Broadcasting Company, President and owner

9 HAVE YOU EVER SERVED IN THE ARMED FORCES OF ANY COUNTRY? EXPLAIN, GIVING COMPLETE DATES AND HISTORY:

No

10 HAVE YOU EVER BEEN THE SUBJECT OF ANY MILITARY DISCIPLINARY ACTION? EXPLAIN:

No

11 LIST ALL DEFECTS OR SICKNESSES WHICH WOULD OR COULD HANDICAP YOU IN THE HANDLING OF FIREARMS:

No

12 HAVE YOU EVER BEEN DENIED OR HAD A PERMIT OR LICENSE REVOKED OR SUSPENDED? EXPLAIN:

No

13 HAVE YOU EVER BEEN TREATED FOR A NERVOUS OR MENTAL DISORDER? EXPLAIN IN DETAIL:

No

14 HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED FOR ANY CRIME OR OFFENSE IN ANY FEDERAL STATE, OR LOCAL JURISDICTION? LIST ALL CASES IN DETAIL:

No

HAVE YOU EVER USED NARCOTICS? YES NO DO YOU NOW USE NARCOTICS? YES NO

15 HAVE YOU EVER MADE AN APPLICATION TO OR BEEN LICENSED OR PERMITTED BY THE METROPOLITAN DADE COUNTY POLICE DEPARTMENT? EXPLAIN ALL DATES:

This is a renewal application

16 LIST ALL FIREARMS INTENDED FOR USE UNDER THE TERMS OF THIS PERMIT. NOTE: YOU MUST QUALIFY WITH ALL WEAPONS LISTED.

MAKE	CALIBRE	REVOLVER-AUTOMATIC	MODEL NO.	SERIAL NO.
Ruger	.357	Revolver	Security-Six	15043498

17 LIST THREE (3) REFERENCES; Same as in the original application.

NAME	HOME ADDRESS	OCCUPATION
1. Fernando Costa	8870 Fountainblue Blvd. Apt. #101, Miami, FL 33172	Salesman
Raul Sanchez	971 W. 80 Pl. Hialeah, FL 33014	State Investigator
Jose M. Sanchez	1998 N.E. 183 St. North Miami Beach, FL 33179	Mechanic

I HEREBY APPLY FOR A PERMIT TO CARRY A FIREARM CONCEALED ON MY PERSON AND I UNDERSTAND THAT ANY FALSE STATEMENTS WILL RESULT IN DISAPPROVAL OF THIS APPLICATION AND/OR REVOCATION OF PERMIT ISSUED.

[Handwritten Signature]
APPLICANT'S SIGNATURE

STATE OF FLORIDA)
COUNTY OF DADE) SS.

Emilio Milian

, BEING DULY SWORN, DEPOSES AND SAYS THAT ALL OF THE

ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE.

SWORN TO ME THIS 21 DAY OF December, 19 84.

[Handwritten Signature]

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES; April 27/1987

FIRST ENDORSEMENT

I have carefully studied the application, the attached Investigators Report, also reports of investigating agencies attached hereto and I recommended (Approval) (~~Disapproval~~) of the applicant for a Concealed Weapon Permit.

STATE REASONS FOR ACTION: NO REASON(S) FOUND FOR DENIAL

3/4/85
Date

[Signature]
Bureau Commander

SECOND ENDORSEMENT

I have carefully studied the application, the attached Investigators Report, also reports of investigating agencies attached hereto and I recommended (Approval) (~~Disapproval~~) of the applicant for a Concealed Weapon Permit.

STATE REASONS FOR ACTION: No reasons found for Denial

3/4/85
Date

[Signature]
Division Chief

THIRD ENDORSEMENT

I have carefully studied the application, the attached Investigators Report, also reports of investigating agencies attached hereto and I recommend (Approval) (~~Disapproval~~) of the applicant for a Concealed Weapon Permit.

STATE REASONS FOR ACTION: _____

3/5/85
Date

[Signature]
Director, Metro Dade Police Department

HEARING EXAMINER'S ACTION

It is my recommendation that this request for a concealed weapon permit be:

APPROVED _____ DISAPPROVED _____

Date

Hearing Examiner

COUNTY MANAGER'S ACTION

APPROVED _____ DISAPPROVED _____

Date

County Manager

FOLDER CONTENT CHECK-OFF LIST

BEFORE A LETTER OF APPROVAL IS TYPED, FOLDER MUST CONTAIN THE FOLLOWING:

LEFT SIDE:

Request letter
Date received 1/8/85 By P.R.

Record Check
Date received 1/25/85 By Lun

Range Score
Date received 2/8/85 By P.R.

RIGHT SIDE:

Application
Date received 1/8/85 By P.R.

Investigation report
Date received 1/25/85 By Lun

Reference affidavits (if original)
Date received 1/8/85 By Lun

BEFORE APPLICANT RECEIVES HIS LICENSE, HE MUST PRESENT BOND, THAT IS TO BE PLACED ON THE RIGHT SIDE, BOTTOM.

Bond Form
Date received _____ By _____



EMILIO MILLIAN 07-77
EMMA MARIA MILLIAN
180 N.W. 59TH COURT
MIAMI, FL 33126

2360

63,915
680

Pay To The
Order Of

D. C. License & Permit Bureau

225.00

Two hundred and twenty five dollars

CORAL WAY BRANCH
2770 CORAL WAY
MIAMI, FLORIDA 33145

TOTALBANK

For

*108660091551: 400205483106 2180

RETRO-CADE
POLICE DEPARTMENT
LICENSE & PERMITS

CNWR
CN202 DEPT
225.00 LICN
225.00 TOTL
225.00 CHEK

9:53 AM
1853 6 01/08/85
538 2140

METRO—DADE POLICE DEPARTMENT
CENTRAL SERVICES DIVISION
LICENSE AND PERMIT BUREAU

INFORMATION SHEET

FIREARMS LICENSE

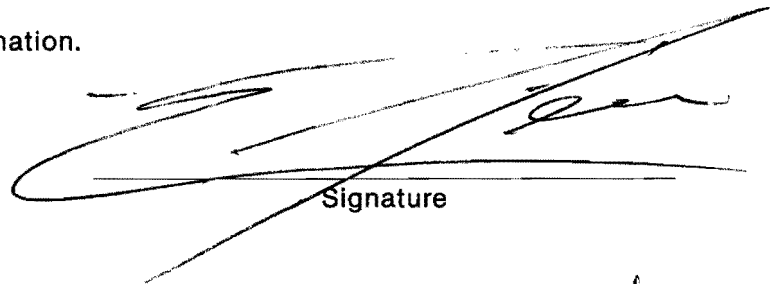
Upon receipt of your permit to carry a concealed weapon in compliance with Section 21—15 of the Code of Metropolitan Dade County, the below listed items are published for your guidance during the term of the permit.

- 1) The permit must be in your possession at all times while carrying your concealed weapon.
- 2) Violation of the provisions of the permit may result in suspension or revocation by the Metro—Dade Police Department.
- 3) Be always mindful to practice necessary safeguards, since the weapon you are carrying is capable of inflicting deadly harm.
- 4) The License and Permit Bureau, Metro-Dade Police Department, 335 S.W. 27th Avenue, telephone number 547-7697, must be notified if:
 - a) You change your residence or business address.
 - b) You change employment.
 - c) You lose your permit.
 - d) You lose or dispose of any weapon(s) indicated on the permit.
 - e) You are arrested.
 - f) You discharge or show intent to use your firearm (other than practice).
- 5) The permit is issued and used for only that reasonable necessity or occupational function noted in your letter(s) of necessity and the investigation report.
- 6) You will be notified by return receipt, certified mail of your license renewal approximately sixty (60) days prior to the expiration date of your license.

I have read and understand the above information.



NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE



Signature

PEDRO LOPEZ - Dec. 21/1984
Typed Name Date

MY COMMISSION EXPIRES: April 27/1987

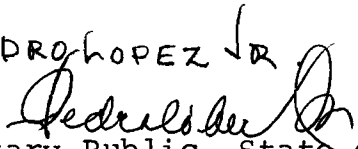
the **NEW**
CONTINENTAL
BROADCASTING
COMPANY

MEMORANDUM

Date: December 21, 1984
To : Dade County Public Safety Department
From: Emilio Milian
Re : Renewal of firearm license

I am applying for renewal of my concealed weapon permit for the same reasons stated in my original application and because similar circumstances prevail. For obvious reasons, after the attempt on my life last April 30, 1976, I must carry a weapon.

I am the President of The New Continental Broadcasting Company, a legal corporation of the State of Florida that has not yet an established office in Dade County. The address showed on company stationery is my legal residence. This is the reason for which I am not furnishing copy of Dade County occupational license with my renewal application.

PEDRO HOPEZ JR.

Notary Public, State of Florida
at Large


Emilio Milian

My Commission expires:
April 27, 1987

Date: December 21, 1984

45



METRO-DADE COUNTY POLICE DEPARTMENT
CENTRAL SERVICES DIVISION
LICENSE & PERMIT BUREAU

RANGE QUALIFICATION SHEET

DATE: JANUARY 8, 1985
RECEIVED
FEB 8 1985
LICENSE AND PERMIT BUREAU

NAME EMILIO MILIAN IS AN
APPLICANT FOR A/AN RENEWAL CONCEALED WEAPON PERMIT.

RANGEMASTER

PLEASE GIVE THE NECESSARY TESTS FOR FIREARMS QUALIFICATION TO THE ABOVE
APPLICANT FOR CONCEALED WEAPON PERMIT.

NRA SHORT COURSE					Sub Total
10	10	10	10	10	50
10	10	10	10	10	50
10	10	10	10	9	49
9	9	9	9	9	45
9	9	9	8	8	43
7	7	7	7	5	33
Number & Type of Rounds Fired <u>30</u> <u>W/C</u>					Total <u>270</u>

DATE: FEBRUARY 4, 1985

TIME: 11:00 A.M. _____ P.M.

FERMIN REYES, JR., Commander
License and Permit Bureau

TO BE COMPLETED BY RANGEMASTER	
MAKE & CALIBER	<u>RUGER 357</u>
SERIAL # & Bbl LENGTH	<u>150 Y3498 2 1/2</u>
DATE	<u>Feb. 4, 1985</u>
SIGNATURE	<u>[Signature]</u> RANGEMASTER
SIGNATURE	<u>[Signature]</u> APPLICANT

5559

March 6, 1985

Mr. Emilio Milian
180 N. W. 59th Court
Miami, Florida 33126

Mr. Milian:

renewal

Collyer Jones

lw (FR/TJS) *JM*

*Picked up Permit
3/7/85 LW*

WJ
Jep

EXP. DATE	3/7/87
PISTOL LICENSE NO.	6913
TO	EMILIO MILIAN
ADD.	180 N.W. 59 COURT
D.O.B.	9/8/31
HEIGHT	6
WT.	225
EYES	BROWN
SEX	MALE
RACE	WHITE
HAIR	BROWN
TYPE WEAPON	RUGER
DESCRIP. WEAPON	REVOLVER
CALIBRE	.357
SERIAL #	15043498
	MIAMI, FLORIDA

P 635 178 968
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

* U.S.G.P.O. 1983-403-517

Sent to	EMILIO MILIAN
Street and No.	180 NW 59 COURT
P.O., State and ZIP Code	MIAMI, FLORIDA 33126
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	1/5/87 lw

PS Form 3800, Feb. 1982

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
EMILIO MILIAN
180 NW 59th COURT
MIAMI, FLORIDA 33126

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	635-178-968

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee	<i>EM</i>
6. Signature - Agent	<i>OW</i>
7. Date of Delivery	12-9-87
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN R

LICENSE AND PERMIT BUREAU
INVESTIGATION ASSIGNMENT SLIP

ASSIGNED TO:	NAME:	DATE
<i>Inv. Section</i>		<i>1/9/85</i>
<i>Zelen</i>		

TYPE OF INVESTIGATION C/W PERMIT

ORIGINAL RENEWAL EXPIRATION DATE: 1/25/85

TRACE DATE ON OR BEFORE: February 5, 1985

NAME OF SUBJECT: EMILIO MILIAN

PERMIT NUMBER: #6913

REMARKS:

- ~~1- [scribble]~~
- 2- Range 1/21
- 3- ~~DOB~~
- 4- ~~Other non-law [scribble]~~
- 5- ~~Long [scribble]~~

REVIEWED:	NAME:	DATE
1.	<i>[Signature]</i>	<i>1/9/85</i>
	<i>Chas. R. Reyes OK</i>	<i>3/4/85</i>
3.		
4.		



January 5, 1987

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Emilio Milian
180 N.W. 59 Court
Miami, Florida 33126

Dear Mr. Milian:

Our records indicate that your Concealed Weapon Permit expires March 18, 1987. The instruction sheet, application, information sheet and bond form for renewal are enclosed. Do not obtain your bond until you have been notified that your permit has been approved.

If you desire to renew your permit, it will be necessary to bring the completed application with the non-refundable required renewal fee of \$225.00 to the License and Permit Bureau, between the hours of 8:00 AM and 3:30 PM.

You are advised that after the above expiration date you are not authorized to carry a concealed weapon. You are further advised that should you fail to apply for renewal and the permit remains expired for a period in excess of 30 days, it will be necessary for you to submit a new original application and tender the \$450.00 original permit fee.

If you do not intend to renew your permit, it will be necessary for you to return your permit # 6913 to this Bureau immediately after the expiration date.

Sincerely,

A handwritten signature in cursive script that reads 'Samuel Williams'.

SAMUEL WILLIAMS, Commander
License and Permit Bureau

SW/ pr
Enclosures (4)

LICENSE AND PERMIT BUREAU
INFORMATION RELEASE FORM

DATE: 2/3/87

SUBJECT: Emilio Mellian

RELEASED BY: Penny Rogerson

RELEASED TO: Luis Feldstein Job #2767
Miami Herald employee

INFORMATION RELEASED: reviewed file - made
notes

J. E. B.
OPERATIONS SUPERVISOR

Samuel Williams
BUREAU SUPERVISOR