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Apr 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000022432**

1. Corporation Name
MINORITY ACQUISITION CORPORATION

Principal Place of Business 14310 N.W. 12TH AVENUE MIAMI FL 33168	Mailing Address 14310 N.W. 12TH AVENUE MIAMI FL 33168
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 245 NW 8th Street Suite, Apt. #, etc.	2a. Mailing Address 26 245 NW 8th Street Suite, Apt. #, etc.
22 City & State 23 Miami, FL	27 City & State 28 Miami, FL
24 33136	29 33136

3. Date Incorporated or Qualified 03/10/1998	4. FEI Number 65-0845647	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00-May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MAJOR, LLOYD H
 14310 N.W. 12TH AVENUE
 MIAMI FL 33168

10. Name and Address of New Registered Agent
 81 Name
WILLIAM G. MAUZY
 82 Street Address (P.O. Box Number is Not Acceptable)
 245 NW 8th Street
 83
 84 City
 Miami FL 85 Zip Code
 33136

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 WILLIAM G. MAUZY *William G. Mauzy* DATE April 13, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAJOR, HAROLD	<input checked="" type="checkbox"/> XX
STREET ADDRESS	14310 N.W. 12TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFERSON, OLLIE	<input checked="" type="checkbox"/> XX
STREET ADDRESS	14310 N.W. 12TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33168	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAUZY, WILLIAM	
1.3 STREET ADDRESS	245 NW 8th Street	
1.4 CITY-ST-ZIP	Miami, FL 33136	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COOK, DOUGLAS	
2.3 STREET ADDRESS	5946 NW 12th Ave	
2.4 CITY-ST-ZIP	Miami, FL 33127	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHITE, JOHN	
3.3 STREET ADDRESS	245 NW 8TH Street	
3.4 CITY-ST-ZIP	Miami, FL 33136	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JONES, THADDEUS	
4.3 STREET ADDRESS	14320 NW 12 Ave	
4.4 CITY-ST-ZIP	Miami, FL 33168	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 of trust, 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 another like empowered.

SIGNATURE: WILLIAM G. MAUZY *William G. Mauzy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999
Date Daytime Phone #

CR2E034 (11/98)