


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

0232202

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90098 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000062408

1. Corporation Name
M & J INTERNATIONAL TRADING, INC.



Principal Place of Business 17890 WEST DIXIE HIGHWAY #310 NORTH MIAMI BEACH FL 33160	Mailing Address 17890 WEST DIXIE HIGHWAY #310 NORTH MIAMI BEACH FL 33160
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	20401 NE 30th Ave	26	20401 NE 30th Ave	07/13/1998		65-0849972		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22 #324		27 #324		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		Yes		No	
23 Aventura, FL		28 Aventura, FL		29 33180		30 USA			
Zip		Country		Zip		Country			
24 33180		25 USA		29 33180		30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EISINGER, DENNIS J ESQ 4000 HOLLYWOOD BOULEVARD SUITE 265-S HOLLYWOOD FL 33021				81 Name Jack Wiesenberg			
				82 Street Address (P.O. Box Number is Not Acceptable) 20401 NE 30th Ave			
				83 #324			
				84 City Aventura FL 85 Zip Code 33180			

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 *Jack Wiesenberg Pres.* DATE 2/15/99
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIESENBERG, JACK			1.2 NAME	Jack Wiesenberg		
STREET ADDRESS	17890 WEST DIXIE HIGHWAY #310			1.3 STREET ADDRESS	20401 NE 30th Ave. #324		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			1.4 CITY-ST-ZIP	Aventura, FL. 33180		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIESENBERG, MALKA			2.2 NAME	Malka Wiesenberg		
STREET ADDRESS	17890 WEST DIXIE HIGHWAY #310			2.3 STREET ADDRESS	20401 NE 30th Ave. #324		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			2.4 CITY-ST-ZIP	Aventura, FL. 33180		
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			
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, with all other like empowered.

SIGNATURE: *Jack Wiesenberg* DATE: 2/15/99 DAYTIME PHONE #: 305-932-6602
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)