


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

05-10-1999 90234 010 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE Sandra B. Marchant Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P 980000 90464</b> Corporation Name <b>MANDALAY ENTERPRISES INC.</b>					
Principal Place of Business 6230 W. Oakland Park Blvd. Sunrise FL 33313		Mailing Address 4880 NW 73 <sup>RD</sup> Ave Lauderhill FL 33319			
2. Principal Place of Business 29 Suite, Apt. #, etc.		2a. Mailing Address 28 Suite, Apt. #, etc.		3. Date incorporated or Qualified 10-23-98	
23 City & State		27 City & State		3a. Date of Last Report New Business	
24 Zip Country		29 Zip Country		4. FEI Number 65-0870342	
				Applied For Not Applicable	
				5. Certificate of Status Deemed <input 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 has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	



9. Name and Address of Current Registered Agent KHIN, Ma Ma 4880 N.W. 73 <sup>RD</sup> Ave LAUDERHILL, FL 33319				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
B5				B6 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent is not acceptable) (NOTE: Registered Agent signature required when appropriate)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	KHIN, Ma Ma Director 4880 NW 73 Ave Lauderhill, FL 33319	<input type="checkbox"/> DELETE		11 TITLE			
NAME				12 NAME			
STREET ADDRESS				13 STREET ADDRESS			
CITY-ST-ZIP			14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> DELETE		21 TITLE			
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		31 TITLE			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		41 TITLE			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		51 TITLE			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		61 TITLE			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. 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. In an attachment with an address

SIGNATURE: Khin Ma Ma (KHIN, Ma Ma) Date: 4-29-99 954-747-7211