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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$50825

(6)

MHW INVESTMENTS, INC.

FILED
Jan 14 1997 8:00am
Secretary of State

		BANGUNI MEN	416N B/64 101

18301 BISCAYNE BOULEVARD 2ND FLOOR NORTH MIAMI BEACH FL 33160			18301 BISCAYNE BOULEVARD 2ND FLOOR NORTH MIAMI BEACH FL 33180-2168										
						3	 Date Incorporated or Qualified 05/06/1991 	3a. Date of Last Report 03/22/1996					
2. Principal P	lace of Business	2a	i. Mailing Address				4	. FEI Number			Ar	oplied For	
21			26				65-0261294			No	ot Applicat	ble	
Suile, Apt. #, etc			Suite, Apt. #, etc.				. Certificate of Status Desired				Additional		
22			27					Certificate of Status Desired		F	ee Re	equired	
City & Stat	e	 	City & State			6	3. Election Campaign Financing		\$!	5.00	May Be		
23		28				Trust Fund Contribution							
Zip Courtry			Zip Country		8	. This corporation has liability fo				. 199.032			
24	25	29		30	,				Yes [
	9. Name and Address of Currer	nt Regi	stered Agent		-	 	10). Name and Address of New I	legistered /	rgent			
	ISSER, MICHAEL H				81	Name							
183	01 BISCAYNE BOULEVARD				82	Street Ad	Idress (dress (P.O. Box Number is Not Acceptable)					
) FLOOR						`						
NOI	RTH MIAMI BEACH FL 33160				83								
					84	City				85	Zin	Code	
						Ony			FL	03	، براند ا	Dode	
11. Pursuant	to the provisions of Sections 607.050)2 and I	607.1508, Fjorida Sta	tutes, the a	DOV	e-named co	orporati	on submits this statement for the	purpose of	chan	ging it	s register	ed
office or r	registered agent, or both, in the State im familiar with land accept the oblig	e of Flor lations o	idai Such change wa of Section 607.0505,	is aumorize Florida Sta	ea by itutes	/ the corpor 3.	ration's	board of directors. I hereby acc	ept the appo	omtme	ent as	registered	1
SIGNATURE	,												
SIGNATURE	Sparent spector perhatitions of regeleening	eral and tra	- Englishable (N	ICHE: Registere	nd Age	ent signature rec	quired whe	en reinstaling)	DATE				
12.	OFFICERS AN	D DIRE		13.				ADDITIONS/CHANGES TO OFF		*****	***********		
THUE	PD		☐ DELETE	1.1 1	ITLE						nange	Addit	ion
NAME	WEISSER, MICHAEL H.			1.2 N	AME								
STREET ADDRESS	18301 BISCAYNE BLVD.			1.3 \$	TREET	ADDRESS		0					
CIEY SE-ZIP	N MIAMI BEACH FL			1,4 0	aty - s	IT- ZIP							
Tille	STD		☐ DETELE	2.1 T	TLE					☐ CI	nange	Addit	ion
NAME	WEISSER, DARIA			22 N	AMÉ								
STHEET ADDRESS	18301 BISCAYNE BLVD.			2.3 \$	TREET	ADDRESS							
CITY - ST - ZiP	N MIAMI BEACH FL			2.40	CITY - S	ST-ZIP							
THE			DELETE	3.1 T						CI	nange	Addit	ion
NAME				3.2 N	AMÉ								
STHEET ADDRESS				3.3 S	THEET	ADDRESS			•				
CITY - SI - ZIP				3.4. (CITY - S	ST - Z(P							
TH: F	· · · · · · · · · · · · · · · · · · ·		DELETE		ITLE					CI	hange	Addit	ion
NAME			•	4.21	NAMÉ								
STREET ADDRESS				4.3 S	TREET	ADDRESS		•					
CHTY - ST - ZIP					ZITY - S								
TITLE			DEL ETE	517						Ci	hange	Addit	ion
NAME				5.2 N						_	-		
STREET AUDRESS						ADDRESS							
CITY-SL-ZIF					11Y-S		•	1					
Title			DELETE	617		11 - 211				☐ CI	hange	Addit	ion
NAME			had result		AME			T.			g-		
						ADDOCCO							
STREET ADDRESS				•		ADDRESS						1	
CHTY - ST - ZiP				∓ 640	лт Y - S	T-ZIP							

14. I do hereby certify that the information supplied with this filling 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 in trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Brock 12 of 17.8 13 if chyfigeg or or an attached within an address.

SIGNATURE:

CHATLINE WITH TYPE OF PRINTED NAME OF SIGNAL OFFICE

Michael H. Weissen 1-6-97

315-935-5010