FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR 14 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **294008** **(8)**

1. Corporation Name
M & H BROKERAGE INC

Principal Place of Business	Mailing Address
3360 N.W. 72ND AVENUE MIAMI FL 33122	~~3360 N.W. 72ND AVENUE~~ ~~MIAMI FL 33122~~
3399 N.W 72 AVE, #218 MIAMI, Fl. 33122	P.O. Box 522912 MIAMI, Fl. 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1965	3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1112244	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 3399 N.W. 72 AVE	26 P.O. Box 522912
Suite, Apt. #, etc. 22 218	Suite, Apt. #, etc. 27
City & State 23 MIAMI, Fl	City & State 28 MIAMI, Fl
Zip 24 33122	Country 25 U.S.A.
Zip 29 33152	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

MIYAR, LEN, M
871 N.W. 127 CT.
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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: Mayra Fernandez — 4-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, MAYRA	12 NAME	
STREET ADDRESS	441 DE LEON DR.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI SPRINGS FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, ARMANDO	22 NAME	
STREET ADDRESS	441 DE LEON DR.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI SPRINGS FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MIYAR, LEN, M	32 NAME	
STREET ADDRESS	871 N.W. 127 CT.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mayra Fernandez — 4-11-95 — 305-592-3255
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAYRA FERNANDEZ

0110998 CP