FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: BIGNATURE AND TYPE



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

1996

DOCUMENT #

425612

(9)

M R SAL	ES CORP.				
rincipal Place of	Business	Mailing Address	-	1 198111 81818 11831 21118 81161 11818 1181 9181	
1480 NE 131ST ST NORTH MIAMI FL 33161-4424		1480 NE 131ST ST North Miami FL 331	61-4424		
	·			05/10/1973	Date of Last Report 05/01/1995
, Principal Plac	e of Business	2a. Mailing Address 26		4. FEI Number 59-1470202	Applied For Not Applicable \$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangit	
]	25	29	30	Florida Statutes Yes N 10. Name and Address of New Registe	
	9. Name and Address of Curr	ent Registered Agent	B1 Name	10. Name and Address of New Hagiste	ied Agoin
			[]		
17761 (011) 1 1 0 1 1 1 1 1			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1480 N.E. 131ST ST			83		
NORTH N	AIAMI FL 33161				85 Z _I p Code
	\wedge	^ /	84 City		F12
1. Durquant to	the provisions of Sections 607 05	02 apd 107.1508, Florida Statu	res, the above-named corp	poration submits this statement for the purpose opered of directors. I hereby accept the appointment	of changing its registered of
or registere	d agent, or both, in the State of Fli a, and accept the obligations of Se	orlda. Such change was Office	zed by the corporation's by	pard of directors. I hereby accept the appointment	ntras registered agent. ram
	n, and accept the obligations by Se		$\mathcal{A}()$ $\mathcal{L}_{A}()$	e 4	HK196
signature	gnature, typed or granted a next to give end as	gent and title if applicable	NOTE: Registere J Agunt signatur Vu	lired when reinstaling!	WUZU
2.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Additio
TLE	PD	DELETE V	1. 1 TITLE		☐ Gillinge ☐ Fidense
AME	WALFISH, RICHARD		1.2 NAME		
TREET ADDRESS	1480 N E 131ST STREET		13 STREET ADDRESS		
ITY - ST - ZIP	NORTH MIAMI, FL 00000	DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE		☐ Change ☐ Addition
ITLE	D NOW AND AND DOCK	Doctor	2 2 NAME		
IAME	NEWMAN, MILDRED 1480 N.E. 131ST ST		2 3 STREET ADDRESS		
THEET ADDRESS	N. MIAM! FL.		24 CITY-ST-ZIP		
OTTLE	14. MICHAEL L.	DELETE	3. 1 TITLE		☐ Charige ☐ Addition
.AME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY-SI-ZIP		Change Addition
TITLE		☐ DELETE	4 1 TITLE		Cloud 180 Clyddiae
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Addition
TITLE		ال مديداد	52 NAME		
NAME CANAL ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP	. <u></u>	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
	1	_	62 NAME		
NAME					
NAME STREET ADDRESS			6 3 STREET ADDRESS		
STREET ADDRESS				ify for the exemption stated in Section 119.07(3) purate and that my signature shall have the same this report as required by Chapter 607, Florida	A Florida Statutos I further