

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Aug 06 1997 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 737323 (6)**  
 1. Corporation Name  
**M ENSEMBLE COMPANY**

|   |   |
|---|---|
| Principal Place of Business<br><b>1539 NE 123 STREET<br/>NORTH MIAMI FL 33161-6029<br/>US</b> | Mailing Address<br><b>P.O BOX 1175<br/>MIAMI FL 33168</b> |
|---|---|



|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/16/1976</b> | 3a. Date of Last Report<br><b>08/05/1996</b> |
|--|--|

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br><b>59-1773348</b><br>Applied For<br><input checked="" type="checkbox"/> Not Applicable | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|---|---|---|--|

|   |  |  |  |   |                       |
|---|--|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent<br><b>GARNER, WINNIE<br/>117 CALLE LARGO<br/>HOLLYWOOD FL 33021</b> |  |  |  | 10. Name and Address of New Registered Agent          |                       |
|   |  |  |  | 81 Name   |                       |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|   |  |  |  | 83  |                       |
|   |  |  |  | 84 City   | <b>FL</b> 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GARNER, WINNIE</b>                     | 1.2 NAME  |  |
| STREET ADDRESS             | <b>3800 VAN BUREN STREET</b>              | 1.3 STREET ADDRESS                                    | <b>117 CALLE LARGO</b>   |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL</b>                       | 1.4 CITY-ST-ZIP                                       | <b>HOLLYWOOD FL 33021</b>  |
| TITLE                      | <b>PT</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>WILLIAMS, SAMUEL</b>                   | 2.2 NAME  |  |
| STREET ADDRESS             | <b>839 S BAHANMA DR</b>                   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VT</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LAWHORN, PAMELA</b>                    | 3.2 NAME  | <b>SCHWALM LAWHORN, PAMELA</b>   |
| STREET ADDRESS             | <b>10401 NW 28 AVE</b>                    | 3.3 STREET ADDRESS                                    | <b>11710 SW 178 TERR.</b>  |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | 3.4 CITY-ST-ZIP                                       | <b>NORTH MIAMI, FLA. 33161</b>   |
| 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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)