FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 21 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 16656

1. Corporation Name: Mizell Associates, Inc

Principal Place of Business: 2270 NW 6 ST, Ft Laud Fl. 33311

Mailing Address: 11401 SW 16 ST, Davie Fl 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:
3a. Date of Last Report: May 94

2. Principal Place of Business: 2270 NW 6 ST
Suite, Apt. #, etc:
City & State: Ft Laud Fl
Zip: 33311 Country: USA

2a. Mailing Address: 11401 SW 16 ST
Suite, Apt. #, etc:
City & State: Davie Fl
Zip: 33325 Country: USA

4. FEI Number: 59-2062626 ☐ 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

9. Name and Address of Current Registered Agent

Lorraine Mizell
11401 SW 16 Street
Davie Fl 33325

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

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Lorraine Mizell
STREET ADDRESS	11401 SW 16 ST
CITY ST ZIP	Davie Fl 33325
TITLE	Secretary
NAME	Myrtis Blanco
STREET ADDRESS	3241 NW 4 Court
CITY ST ZIP	Ft Laud Fl. 33311
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

300001437103
-03/22/95--01110--002
****200.00 ****200.00

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/95 305 791-3546