


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

FILED
May 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F66246 1. Corporation Name M. H. R., Inc. F66246
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Principal Place of Business Paula Biscayne Shell 18560 Biscayne Blvd. N. Miami Beach, FL 33182-915	Mailing Address 20505 Biscayne Blvd. Aventura, FL 33180
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/30/92	3a. Date of Last Report 4/30/96
4. FEI Number 59-2154637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Rawitz, Howard 1910 206th Terrace North Miami Beach, FL
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10. Name and Address of New Registered Agent 81 Name Shelley Rawitz 82 Street Address (P.O. Box Number is Not Acceptable) 11576 La Avenida Dr. 83 84 City Coral Springs, FL 85 Zip Code 33071
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11. Pursuant to the provisions of Sections 607.0501 and 607.0505, Florida Statutes, I, the undersigned, do hereby certify that the information furnished in this statement is true and correct. I am an officer or director of the corporation and I am authorized to execute this statement for the purpose of changing its registered office or registered agent. I am further certifying that such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am further certifying that I am not a resident of the State of Florida. SIGNATURE: Howard Rawitz Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE: 4/13/97
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12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rawitz, Howard 1910 206th Terrace North Miami Beach, FL <input type="checkbox"/> DELETE President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rawitz, Shelley 11576 La Avenida Dr. Coral Springs, FL 33071 <input type="checkbox"/> DELETE Secretary Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Shelley Rawitz (Shelley Rawitz) 4/13/97 305-933-3205 Signature and typed or printed name of signing officer or director. Date Daytime Phone
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