

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F96000000740**

1. Corporation Name
MLF HOLDINGS, INC.

Principal Place of Business: **3145 ARROW DRIVE, KISSIMMEE, FL 34746**
Mailing Address: **c/o HIRSON & KAPLAN, ONE PARK PLAZA, SUITE 950, IRVINE, CA 92714**

3. Date Incorporated or Qualified: **04/03/85**
3a. Date of Last Report
4. FEI Number: **95-3989290**
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: 21
Suite, Apt #, etc: 22
City & State: 23
Zip: 24
Country: 25
2a. Mailing Address: 26
Suite, Apt #, etc: 27
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

**PETER LOUIS
2715 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature of officer or director, or registered agent, as applicable.

(NOTE: Registered Agent signature required when filing.)

(DATE)

12. OFFICERS AND DIRECTORS	
TITLE NAME	CHAIRMAN & DIRECTOR MUHAMMED MINTY <input type="checkbox"/> DELETE
STREET ADDRESS	c/o HIRSON & KAPLAN 92714 1 PARK PLAZA #950 IRVINE, CA
CITY-ST-ZIP	
TITLE NAME	PRESIDENT & SECRETARY MUHAMMED MINTY <input type="checkbox"/> DELETE
STREET ADDRESS	c/o HIRSON & KAPLAN 92714 1 PARK PLAZA #950 IRVINE, CA
CITY-ST-ZIP	
TITLE NAME	VICE PRESIDENT & TREASURER SALEH NOSARKA <input type="checkbox"/> DELETE
STREET ADDRESS	c/o HIRSON & KAPLAN 92714 1 PARK PLAZA #950 IRVINE, CA
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****225.00**

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)(k), 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]*

Aug 6/96

(714) 251-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)