

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90160 038 ***150.00

DOCUMENT # F96000000740

1. Corporation Name
MLF HOLDINGS, INC.



Principal Place of Business

Mailing Address

3145 ARROW DR.
KISSIMMEE FL 34746

C/O HIRSON & KAPLAN SELWYN HERSKOWITZ
ONE PARK PLAZA STE 950
IRVINE CA 92614
P.O. BOX 5112
IRVINE, CA 92616-5112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2715 W. FAIRBANKS

26 P.O. BOX 5112

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 WINTER PARK, FL

28 IRVINE, CA

Zip Country
24 32789 25 U.S.A.

Zip Country
29 92616-5112 30 U.S.A.

Date Incorporated or Qualified

02/13/1996

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSCD ☐ DELETE
NAME MINTY, MUHAMMED
STREET ADDRESS ONE PARK PLAZA, SUITE 950
CITY-ST-ZIP IRVINE CA 92714

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME NOSARKA, SALEH H
STREET ADDRESS ONE PARK PLAZA, SUITE 950
CITY-ST-ZIP IRVINE CA 92714

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other jike empowered.

SIGNATURE: Muhammed Minty by his Attorney-in-fact APR 30 1999 (949) 261-9045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)