FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sagdra B, Matham

Secretary of State

FILED

SECRETARY OF STATE CIVISION OF CORPORATIONS 1995 DIVISION OF CORPORATIONS DOCUMENT # G07488 (1) 95 MAY -1 PM 1:21 MAAJ DEVELOPMENT CORP. Principal Place of Business Mailing Address C/O LUCHAEL FEINBERG C/O MICHAEL FEINBERG 4100 N. HELLS DR. 4100 N. HILLS DR. DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Date incorporated or Qualified 3a. Date of Last Report 11/02/1982 05/01/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2228741 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zio Country *7*₁₀ Country 8. This corporation has tiability for intangible tax under S. 199.032, ☐ Yes □ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FEINBERG, MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 450 N. PARK RD. : UITE 832 83 DLEYWOOD FL 33021 84 85 Zip Code rsuant 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 of 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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hypoid or printed name of negatimed agent and title if appaicable INOTE: Registered Agent signature required when reinstating: OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OIP THILE 1 1 11111 Change Addition FEINBERG, MICHAEL 12 NAME 450 N. PARK RD. #832 STREET ADDRESS 13 STREET ADDRESS HOLLYWOOD FL CITY ST 21P 1.4 CITY ST-ZIP TIFLE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 24 CITY ST ZIP TITLE 3 1 TITLE Change Addition HALSE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST ZIP 3.4 CITY ST-ZIP Addition THTLE Change 4.1 1011 F NAME 4.2 RAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST 7IP 44 CITY ST-ZIP TITLE 5 1 1011 Change Addition BEMALLED BY MAX NAME 5.2 BASAR STREET ANDRESS 5.3 STREET ADDRESS CITY ST ZIP 54 CITY ST-ZIP TITLE Change Addition 61 HILE NAME 6.2 NAME SHILLET ADDRESS **63 STREET ADDRESS** CITY - ST - ZIP 64 CITY 51-71P 14. If do heroby 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 offect as if made under early, 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 examination with an address.

SIGNATURE AND TYPED OR FINITED NAME OF SIGNING OFFICER ON DIRECTOR

5/1/95 305-961-4000