FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G24215** **(7)**

1. Corporation Name

MAURICE GRAY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4656 SW 74TH AVE. P O BOX 161871 MIAMI FL 33155 US	~~P.O. BOX 161871~~ - - ~~P O BOX 161871~~ - - ~~MIAMI FL 33116~~ - - US

3. Date Incorporated or Qualified: 02/16/1983	3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-2274518	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XXX	$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 4656 SW 74 Avenue
22 Suite, Apt. #, etc.
23 City & State: Miami, Florida
24 Zip: 33155 25 Country: USA

2a. Mailing Address
26 4656 SW 74 Avenue
27 Suite, Apt. #, etc.
28 City & State: Miami, Florida
29 Zip: 33155 30 Country: USA

9. Name and Address of Current Registered Agent

GRAY, MAURICE
9015 SW 125 AVENUE
SUITE N403
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: GRAY, MAURICE
82 Street Address (P.O. Box Number is Not Acceptable): 10220 SW 144 COURT
83
84 City: MIAMI FL 85 Zip Code: 33186

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: _____ (If Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS GRAY, MAURICE 9015 SW 125 AVE #N403 MIAMI FL	☐ DELETE	1.1 TITLE: PRESIDENT 1.2 NAME: GRAY, MAURICE 1.3 STREET ADDRESS: 10220 SW 144 COURT 1.4 CITY-ST-ZIP: MIAMI, FL 33186
		☐ DELETE	2.1 TITLE: VICE PRESIDENT 2.2 NAME: MOHAMMAD HAJJAR 2.3 STREET ADDRESS: 8825 SW 97 TERRACE 2.4 CITY-ST-ZIP: MIAMI, FL 33176
		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition
XX Change ☐ Addition
☐ Change XX Addition
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☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ - MAURICE E. GRAY, PE. 1/19/96 (305) 267-9549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #