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

PROFIT CORPORATION ANNUAL REPORT



MAURICE GRAY, M. HAJJAR & ASSOC., INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

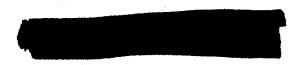
DOCUMENT # G24215

1. Corporation Name

MAURICE GRAY ASSOCIATES, INC.

(7) Nysph

FILED Apr 09 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				
4656 SW 74TH AVE. 46		4666 CW 74 AVENUE			······································	
		MIAMI FL \$3155-4456				
MIAMI FL 3315	5	U3 -				
118-				3. Date Incorporated or Qualified 02/16/1983	01/26/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 275	O Douglas Road	26 2750 Doug	las Road	59-2274518	Not Applicable	
Suite, Apl.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired XX	X \$8.75 Additional Fee Required	
City & State 23 Miai	mi, Florida	City & State Miami, Flo	rida	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
^Z 3313	4 Country USA	Zip 29 33134 30	Country USA	8. This corporation has liability for intar		
24			0011	Fiorida Statutes Ye 10. Name and Address of New Regist		
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registr	вгео жрепс	
	Y, MAURICE		la la la			
10220 SW 144 CT. SUITE N488 -			82 Street Addr	Address (P.O. Box Number is Not Acceptable)		
	WI FL 33186		83			
			84 City	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	FL 85 Zip Code	
44 Directions	to the evel gions of Sections 607.0605	and 607 1509 Elorida Statutos	the above pamed corn	poration submits this statement for the purpo	see of changing its registered	
office or r	egistered agent, or both, in the State or familiar with, and accept the obliga	of Florida Such change was aut tions of Section 607 0505. Florid	horized by the corporat	tion's board of directors. I hereby accept the	a appointment as registered	
SIGNATURE						
	Signature, typied or profess name of registered ager		egistered Agent signature requir	red when reinstating) D ADDITIONS/CHANGES TO OFFICER	ATE	
12.	OFFICERS AND	DELETE	13. 1.1 TOTALE	ADDITIONS/CHANGES TO OFFICEH:	Change Addition	
THU	GRAY, MAURICE	m brerit	1		C Cutange C Appointed	
NAME	10220 SW 144 CT.		1.2 NAME			
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS			
CHTY - \$T - ZIP	Ab A	DELETE	14 CITY-ST-ZIP		Change Addition	
Ditte	HAJJAR, MOHAMMAD	☐ DECETE	21 TITLE		C change C vocation	
NAME	8825 SW 97 TERRACE		2 2 NAME			
STREET ADDRESS	MIAMI FL		2 3 STREET ADDRESS			
CITY - ST - ZIP	MANITE.	DELETE	2 4 CITY+ST-ZIP		Change Addition	
Trice		Decerte	31 TITLE			
NAME			3.2 NAME : *		~ AMA A	
STREET ADDRESS			3.3 STREET ADDRESS		1 m, M	
CHY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Chandidition	
TITLE		C Detroit	1		Towards / Polydon	
NAME			4.2 NAME	•	'W'	
STHEEL ADDRESS			4.3 STREET ADDRESS		•	
CITY - ST - ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
10.6		L) Deter			The creation The vention	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		T Delete	5.4 CITY-ST-ZIP		Change Addition	
TITLE		DELETE	6.1 TITLE	100002138	Change Addition	
NAME			6.2 NAME	100002138 -04/10/9701005- ***165.00	013	
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	= 	
CITY - ST - ZIP			6.4 CITY-ST-ZIP			

14. I do horeby 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 eath; that I am an officer or director of the corporation of 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 oranged or on an attachment with an address.

SIGNATURE

GNATURE AND TYPES OF RINTED NAME OF SIGNING OFFICER OF BRECTOR

1/6/97

(305) 267-9549

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