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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H79228

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MPS INVESTMENTS, INC.

Principal Place of Business Mailing Address							
7100 WEST 20TH AVE. SUITE 602 HIALEAH FL 33016		7100 WEST 20TH AVE. SUITE 602 HIALEAH FL 33016-1824					
						3. Date Incorporated or Qualified 10/04/1985	3a. Date of Last Report 04/29/1996
2. Principal P	lace of Business	28. Mailing Address	28. Mailing Address			4. FEI Number	Applied For
21		26				59-1673932	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country Zip Cou			Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Agent
SMALL, MICHAEL P., MD				81 Name			
7100 WEST 20TH AVE.				82	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 802							
HIALEAH FL 33016				83			
· ·			-	84	City		FL 85 Zip Code
I office or r	to the provisions of Sections 607.050 ogistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized	i by t	named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE	Signature typed or printed name of registered by	jerk and tille if appricable (NO	IL Registered	Agent	Leignature requir	ed when reinstating]	DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 70	1.1 THILE			Change Addition
NAME	SMALL, MICHAEL		1.2 NAM				
STREET ADDRESS 7100 W. 20TH AVE., #602			1.3 STREET ADDRESS		DDRESS		
DITY. ST. 2IP	HIALEAH FL		14.00	V- 81.	710		1

21 THLE

2.2 NAME

3.1 TITLE

3 2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 HILE

6.3 STREET ADDRESS

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3 3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 City - St - ZiP

5.3 STHEET ADDRESS

54 CHY-ST-7P

3 4. CITY-ST-ZIP

6.4 CITY-S1-ZIP

14. I do 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.

CIGNIATURE.

TIFLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

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CITY-ST-ZIP

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Jul 16 1997 8:00am

Secretary of State