FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J91570 (8)

1. Corporate Name
M & A CAPITAL, INC.

Principal Place of Business
ONE E. BROWARD BLVD., #1001
FT LAUDERDALE FL 33301
US

Mailing Address
ONE E. BROWARD BLVD., #1001
FT LAUDERDALE FL 33301
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 09/09/1987
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21 4101 Ravenswood Rd
Suite, Apt. # or Bldg.
22 Suite 111A
City, State
23 Ft. Lauderdale, FL
24 33312 25 USA

2a. Mailing Address
26 4101 Ravenswood Rd
Suite, Apt. # or Bldg.
27 Suite 111A
City, State
28 Ft Lauderdale, FL
29 33312 30 USA

4. FEI Number: 65-0049518 — 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. [illegible] Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
REILLY, LAUREN
ONE E. BROWARD BLVD.
SUITE 1001
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4101 Ravenswood Rd., Suite 111A
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33312

11. [illegible]

12. OFFICERS AND DIRECTORS

T
FRIEDMAN, BENJAMIN
18151 N.E. 31ST CT.
NORTH MIAMI FL

P
GAYER, HENRY
3801 NE 207 ST UNIT 38
N. MIAMI BCH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

14. I 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)(i), Florida Statutes. Further certify that the information indicated on the 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 above, or on attached amendment, or on other documents on file with this office.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0209133 CP