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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:09

DOCUMENT # K20478 (9)

1. Corporation Name
MIJAL CORP.

Principal Place of Business	Mailing Address
~~1649 NW 79TH AVE~~ ~~MIAMI FL 33126~~	1649 NW 79TH AVE. MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1988
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21: 3535 N.W 58TH Street
22: Suite, Apt. #, etc.
23: Miami, Florida
24: Zip 33142 — 25: Country

2a. Mailing Address
26: 3535 N.W 58TH St
27: Suite, Apt. #, etc.
28: miami fl
29: Zip 33142 — 30: Country

4. FEI Number: 65-0051153 — ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYONS, RICHARD W. 1230 NW SEVENTH ST MIAMI FL 33125	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL — 85 Zip Code

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	EDENBURG, DAVID	12 NAME	
STREET ADDRESS	~~1649 NW 79TH AVE~~	13 STREET ADDRESS	3535 N.W. 58TH Street
CITY ST ZIP	~~MIAMI FL~~	14 CITY ST ZIP	miami fl 33142
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	EDENBURG, SIMON	22 NAME	
STREET ADDRESS	~~1649 NW 79TH AVE~~	23 STREET ADDRESS	3535 N.W. 58TH Street
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	miami fl 33142
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I declare to 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. 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 added by this report with an address.

SIGNATURE: ✕ _____ ✕ 3/17/95 ✕ 634-6665
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone Number

0124460 CP