FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K70536** **(3)**

1. Corporation Name
MHI, INC.

Principal Place of Business	Mailing Address
2001 SW 20TH ST FT LADUERDALE FL 33315 US	2001 SW 20TH ST FT LADUERDALE FL 33315-1826 US

3. Date Incorporated or Qualified: **03/06/1989**
3a. Date of Last Report: **03/22/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0176786** ☐ 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

HUFF, RICHARD E
2001 SW 20TH ST
FT LADUERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name: PATRICIA MANDEL
82 Street Address (P.O. Box Number is Not Acceptable): 2001 SW 20 ST.
83
84 City: FT. LAUDERDALE, FL 85 Zip Code: 33315

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: PATRICIA MANDEL, SEC/TREAS — Patricia Mandel — 2/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUFF, RICHARD E.		1.2 NAME		
STREET ADDRESS	2001 SW 20TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BROWN, PETER		2.2 NAME	BROWN, PETER R.	
STREET ADDRESS	4776 GROSVER		2.3 STREET ADDRESS	4776 GROSVENOR	
CITY-ST-ZIP	MONTREAL QU		2.4 CITY-ST-ZIP	MONTREAL, QU. H3W 2L8	
TITLE	D	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, CAHRLES W		3.2 NAME	SMITH, JAMES W.	
STREET ADDRESS	402 DELMAR		3.3 STREET ADDRESS	402 DELMAR	
CITY-ST-ZIP	CORPUS CHRISTI TX		3.4 CITY-ST-ZIP	CORPUS CHRISTI, TX 78463	
TITLE	PSTD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUFF, RICAHRD E		4.2 NAME		
STREET ADDRESS	2001 SW 20TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LADUERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HULL, EDWARD		5.2 NAME		
STREET ADDRESS	3504 F COLONY ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	ST	☐ Change ☒ Addition
NAME			6.2 NAME	MANDEL, PATRICIA	
STREET ADDRESS			6.3 STREET ADDRESS	4611 S. UNIVERSITY DR, #211	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DAVIE, FL 33328	

CR2E034 (9/96)

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.

SIGNATURE: Patricia Mandel — 2/18/97 — 954 622-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #