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Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1989

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0176786	☐ Applied For ☐ Not Applicable
Suite, Apt #, etc 22	Suite, Apt #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATRICIA MANDEL 2001 SW 20TH ST FT LADUERDALE FL 33315	81 Name: Mack Weber 82 Street Address (P.O. Box Number is Not Acceptable): 2001 SW 20th Street 83 84 City: Fort 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: Mack Weber — Mack Weber — 1/22/98
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	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, PETER		1.2 NAME		
STREET ADDRESS	4776 GROSVER		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JAMES W.		2.2 NAME		
STREET ADDRESS	402 DELMAR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORPUS CHRISTI TX		2.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MANDEL, PATRICIA		3.2 NAME		
STREET ADDRESS	4611 S. UNIVERSITY DR., #211		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: Peter Brown — 2/11/98 — 954-527-0040