FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M54257

1. Corporation Name

MSDJ, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90123 048 ***150.00



Principal Place of Business Mailing Address					T 19019011 IDI RIILI BIRIN 11901 BISI 1901 DIDIL BIRIL BIRIL DIBIL BIRIL DIBIL	
1060 N.E. 177TH TERRACE 1060 N.E. 177TH TERRACE N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162						
II. MINIM DENOTTE SOICE					DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed 06/22/1987	
2. Principal P	lace of Business	2a. Mailing Address		***	4. FEI Number Applied For	1
21		26			59-2825611 Not Applicable]
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & State		City & State		-	6. Election Campaign Financing \$5.00 May Be	1
23		28			Trust Fund Contribution Added to Fees	_
Zip 24	Country Zip Co		Counti	У	8. This corporation owes the current year intangible Personal Property Tax.	
24	9. Name and Address of Curre		T		10. Name and Address of New Registered Agent	1
			8	1 Name		
BENSINGER, MIRIAM 1060 NE 177TH TERRACE			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	1
NORTH MIAMI BEACH FL 33162			8	3		1
			8	4 City	85 Zip Code	1
				<u> </u>	FL	-
office or r	paietered agent or both in the Stat	te of Florida. Such change was a	uthorized b	v tne corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statute	s.		1
SIGNATURE				··:	red when reinstating) DATE	١.
12.	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE AND DIRECTORS	13.	ent signature require	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ج
TITLE	DP	DELETE	1.1 TITLE		☐ Change ☐ Addition	₁ ;
NAME	BENSINGER, MIRIAM		1.2 NAME	:	•	
STREET ADDRESS	4000 NE 477 TED		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-	ST-ZIP	·	_ {
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	i C
NAME	WEISS, SOLOMON		2.2 NAME	:		1
STREET ADDRESS	ALVOCE NIBO		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	RAMOT IS			-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	١.
NAME	WEISS, DAVID		3.2 NAMI	:		
STREET ADDRESS	ESS 3400 SHERIDAN AVE 3335		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY	-ST-ZIP		_
TITLE		☐ DELETE	4.1 TITLE		Change Addition	1
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		-
CITY-ST-ZIP			4.4 CITY	ŞT-ZIP		4
TITLE		☐ DELETE	5.1 TITLE	1	☐ Change ☐ Addition	'
NAME			5.2 NAME	ļ	·	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			_
TITLE			6.1 TITLE		☐ Change ☐ Addition	Ή.
NAME	,		6.2 NAM	• [
				ET ADDRESS		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: