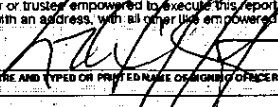


FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 APR 17 PM 2:31

Amended
**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000083689					
1. Entity Name MJL INTERNATIONAL, INC.					
Principal Place of Business 12800 NW 107TH COURT MIAMI, FL 33178			Mailing Address 12800 NW 107TH COURT MIAMI, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 30-0099483	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, BROOKS C 200 S BISCAYNE BLVD SUITE 1690 MIAMI, FL 33131				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature marked when submitting) DATE _____					
FILE NOW WITH FEE IS \$750.00 AND MAY 15, 2003 FEE WILL BE \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PO	PELEJA, LUIS C	TITLE	PO	Holt, David James
NAME			NAME		
STREET ADDRESS		12800 NW 107TH COURT	STREET ADDRESS		12800 NW 107th Court
CITY-ST-ZIP		MIAMI, FL 33178	CITY-ST-ZIP		MIAMI, Florida 33178
TITLE	SD	HOLT, DAVID JAMES	TITLE		
NAME			NAME		
STREET ADDRESS		12800 NW 107TH COURT	STREET ADDRESS		
CITY-ST-ZIP		MIAMI, FL 33178	CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.					
SIGNATURE:  4-9-03 305-582-3524					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CRZEC034 (10/02)