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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DO 1. Cor

(4)

FILED Jan 21 1997 8:00am Secretary of State

CUMENT # poration Name	P32933	
	A THOM I A I A	

MAYRSOHN INTERNATIONAL, INC. Principal Place of Business Mailing Address 1070 S.E. 9TH TERRACE 1070 SE 9TH TERRACE HALEAH FL 33010 HIALEAH FL 33010-5821

							3. Date Incorporated or Qualified 02/25/1991 3a. Date of Last Report 04/02/1996							
2	Principal Pl	Place of Business 26. Mailing Address				4. FEI Number					Applied For			
21				26						13-3150879			Not Applicable	
	Suite, Apt	# etc		· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, e	tc				F 0 11 1 (0) 1 P 1 1		\$8.7	5 Additional	
22		27				-,,.				5. Certificate of Status Desired	LI.		Required	
	City & State	:		ļ,	City & State					6. Election Campaign Financing	-		0 May Be	
23				28						Trust Fund Contribution		Adde	d to Fees	
١.	Zip 1		Country	ļ ₁	Zip	<u> </u>	Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	<u></u>		25	[29]	·	30	·····					No		
-			and Address of	Current Hegis	stered Agent					10. Name and Address of New Re	gistered	Agent		
		rsohn, M					81	Na	me					
		S.E. 9TH					82	Str	eet Addr	ress (P.O. Box Number is Not Acceptat	ole)			
	HIAL	EAH FL 33	8 010							······································				
							83							
							84	Cit		······································		85 Z	ip Code	
	<u> </u>										FL			
1	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.													
S	IGNATURE	Sim atom Type I	iri para manenting	Steed agent and Mic	: Largaciable	(NOTE: Regis	itered Age	nt sign	ature requir	red wher reinstating)	DATE			
1	2.			ERS AND DIRE			3.		`	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12	
Ţ	ıT.E	PO			DFLE	TE 1	1 TITLE					☐ Chanç	je 🔲 Addition	
N	AME	MAYRSO	HN, BERNARD			1	2 NAME							
5	TREET ADDRESS	1070 SE	9TH TERRACE			1	3 STREET	ADDR	ss					
C	ITY - ST - ZIP	HIALEAH	FL			₫,	4 C(TY - S	T- ZIP	ľ					
	T.E	VD			DELE		1 THLE					Chang	je Addition	
N	AME	MAYRSO	HN, MARK			2	2 NAME							
S	TREET ADDRESS	1070 SE	9TH TERRACE			2	3 STREET	ADDRI	ss					
1	ITY - ST - ZIP	HIALEAH	FL			2	4 CITY - S	ST · ZIP						
	ILE		a new proving aggregate on the construction flows and the con-		DELE		1 TITLE					Chang	je Addition	
ħ	AMF					3	2 NAME							
i	TREET ADDRESS					3	3 STREET	ADDRI	SS					
1	IDV ST-ZDP						4. CITY - S							
	itu f				DELE		1 TITLE					☐ Chang	e Addition	
N	AME					4	2 NAME							
s	TREET ADDE: SS					4	3 STREET	ADDRI	ss l					
-	ITY - \$1 - 70°						4 CITY - S							
	ITLE				DELE		i TITLE					☐ Chang	e Addition	
	AMÉ						2 NAME					•		
i	*REET ADDRESS						3 STREET	ADDBI	ss					
1 .	ITY - \$1 - 200						4 CITY - S							
 -	ITLE				☐ DELE		1 TITLE			***************************************		☐ Chang	e Addition	
	AMF						2 NAME					1		
. "														

6.4 CITY - ST-ZIP 14. If 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 gorporation 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 Blo

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Day5me Phone #