FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P92000009678 (3)

1. Corporation Name
M L ACCOUNTING INC.

Principal Place of Business
C/O ALBERTO E. MALDONADO
10245-47 NW 9 ST. CIRCLE 112
MIAMI FL 33172
US

Mailing Address
C/O ALBERTO E. MALDONADO
10245-47 NW 9 ST CIRCLE 112
MIAMI FL 33172
US

2. Principal Place of Business
21 1790 West 49th St.
Suite, Apt. #, etc.
22 SUITE 208
City & State
23 HIALEAH,FL
Zip
24 FL
County
25 DADE

2a. Mailing Address
26 1790 WEST. 49TH ST.
Suite, Apt. #, etc.
27 SUITE 208
City & State
28 HIALEAH,FL
Zip
29 FL
County
30 DADE

3. Date Incorporated or Qualified: 12/07/1992

3a. Date of Last Report: 04/04/1995

4. FEI Number: 65-0372854 ☐ 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**

MALDONADO, ALBERTO E
10245-47 NW 9 ST. CIRCLE 112
MIAMI FL 33172

10. **Name and Address of New Registered Agent**

81 Name: ALBERTO E MALDONADO
82 Street Address (P.O. Box Number is Not Acceptable): 13228 NW 11 ST
83
84 City: MIAMI FL
85 Zip Code: 33182

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 [signature] 04/18/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	MALDONADO, ALBERTO E	
STREET ADDRESS	10245-47 NW 9 ST. CIRCLE 112	
CITY - ST - ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDST	☒ Change ☐ Addition
1.2 NAME	MALDONADO, ALBERTO E	
1.3 STREET ADDRESS	13228 NW 11 ST.MIAMI,FL 33182	
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 04/18/96 305-362-3949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #