
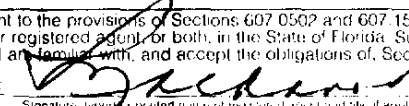
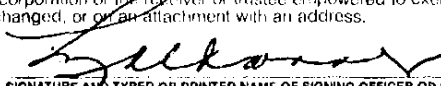
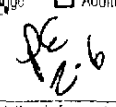


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 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 # P92000009678 (3) 1. Corporation Name M L ACCOUNTING, INC.					
Principal Place of Business 13228 N.W. 11TH ST. MIAMI, FL. 33182			Mailing Address 13228 N.W. 11TH ST. MIAMI, FL. 33182		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified 12/07/1992			4. FEI Number 65-0372854		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent ALBERTO E. MALDONADO 13228 N.W. 11TH STREET MIAMI, FL. 33182.			10. Name and Address of New Registered Agent 81 Name LESLEY M MALDONADO 82 Street Address (P.O. Box Number is Not Acceptable) 13228 N.W. 11TH STREET 83 84 City MIAMI 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  DATE 1/31/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 TITLE <input checked="" type="checkbox"/> DELETE NAME FD MALDONADO, ALBERTO E STREET ADDRESS 13228 NW 11 ST, MIAMI, FL. 33182 CITY - ST - ZIP			13.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PDS MALDONADO, LESLEY M STREET ADDRESS 13228 NW 11 ST. MIAMI, FL. 33182 CITY - ST - ZIP		
12.2 TITLE <input checked="" type="checkbox"/> DELETE NAME LIVIA F MALDONADO STREET ADDRESS 13228 NW 11 ST., MIAMI, FL. 33182 CITY - ST - ZIP			13.2 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			13.3 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			13.4 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			13.6 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12.7 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			13.7 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12.8 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			13.8 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12.9 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12.10 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			13.10 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 shareholder 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  DATE 1/31/98 305-220-2127 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			500002426225 -02/10/98--01016--025 ***150.00 		

CR2E034 (10/97)