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FILED  
Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000015509 (2)

1. Corporation Name  
MJW FINANCIAL, INC.



Principal Place of Business

Mailing Address

1111 LINCOLN RD.  
MIAMI BEACH FL 33133  
2665 S. Bayshore Dr.  
Suite 202  
Coconut Grove Fl. 33133

1111 LINCOLN ROAD  
SUITE 202  
MIAMI BEACH FL 33133  
Coconut Grove

2. Principal Place of Business

2a. Mailing Address

21 2665 S. Bayshore Dr.  
Suite, Apt. #, etc.  
22 202

26 2665 S. Bayshore Dr.  
Suite, Apt. #, etc.  
27 202

City & State

City & State

23 Coconut Grove Fl.  
Zip Country

28 Coconut Grove  
Zip Country

24 33133

25 Dade

29 33133

30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/31/1992

3a. Date of Last Report  
03/19/1996

4. FEI Number  
65-0381716

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

10. Name and Address of New Registered Agent

WEBER, MARJORIE  
1111 LINCOLN ROAD #510  
MIAMI BEACH FL 33133  
2665 S. Bayshore Dr.  
Suite 202  
Coconut Grove  
Fl. 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 Marjorie J. Weber  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

3-18-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PST WEBER, MARJORIE J.	6844 WINDSOR LANE	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

400002125394  
-03/27/97--01001--003  
\*\*\*165.00

14. I 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 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 Marjorie J. Weber

CR2E034 (9/96)