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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025922

1. Corporation Name M.J.T. INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5900 SW 127 AVENUE SUITE 3404 MIAMI FL 33183 US

Mailing Address 5900 SW 127TH AVENUE SUITE 3404 MIAMI FL 33183 US

3. Date Incorporated or Qualified 04/08/1993
4. FEI Number 65-0401216 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 owes the current year Intangible Personal Property Tax. No

2. Principal Place of Business 21, 22, 23, 24
2a. Mailing Address 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
CHAMBERLAND, MARC J ESO
4400 N. FEDERAL HWY
STE. 301
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name Trujillo, Milton J.
82 Street Address (P.O. Box Number is Not Acceptable) 5900 SW 127th Ave. Apt. 3404
83
84 City Miami FL 85 Zip Code 33183

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] DATE 4-13-99

12. OFFICERS AND DIRECTORS
TITLE D
NAME TRUJILLO, MILTON J
STREET ADDRESS 5900 SW 127TH AVENUE, APT. 3404
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE: X [Signature] DATE 4-13-99

CR2E034 (1/198)