SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| DOCUMENT # P9 | 3000026289 (7) | | |
|---|---|--|---|
| M C HOLDING CORPORAT | ION | T JARIJARI JUR IRIJER JUHU RANG RANG RANG RA | ### 8 8 ### ## 8## B #### ##### #### #### |
| Principal Place of Business | Mailing Address | | |
| 8465 S.W. 48TH STREET MIAMI FL 33155 | 8465 S.W. 48TH STREET Miami Fl 33155 | | |
| | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | 04/09/1993 | 08/28/1995 |
| 2. Principal Place of Business | 2a, Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 65-0408445 | Not Applica |
| Suite, Apt. #, etc. | Suite, Apt. #, etc | | \$9.75 Additional |

| ···· | | | | 04/09/1993 | 08/28/1995 |
|--|---------------------------|------------------------|---------------|---|---|
| Principal Place | e of Business | 2a. Mailing Ad | dress | 4. FEI Number | Applied For |
| :1 | | 26 | | 65-0408445 | Not Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. | #, etc | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | e | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 4 | Country 25 | 2 p | Country 30 | 8. This corporation has liability for Florida Statutes | intangible tax under s. 199.032, Yes |
| | 9. Name and Address of Cu | rrent Registered Agent | | 10. Name and Address of New R | egistered Agent |
| RUB | IO, DELIA | | 81 | Name | |
| 8465 S.W. 48TH STREET MAMI FL 33155 | | | | 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 Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | Signature Typed or printed name of registered agent and bit | e Capplicable (NOTE | Registored Agent signature regi | med after total and | | |
| 12. | OFFICERS AND DIRE | CTORS | T 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | DELETE | 1 1 TITLE | Criange Addition | | |
| NAME | Rubio, delia | | 1.2 NAME | | | |
| STREET ADDRESS | 8465 S.W. 48TH STREET | | 1.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL 33155 | | 1.4 CITY - ST - ZIP | | | |
| TITLE | | DELFTE | 2 1 TITLE | Charge Addition | | |
| NAME | | | 2 2 NAME | | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2 4 CITY - ST - ZIP | | | |
| TITLE | | DELETE | 3 1 T.TLF | Change Addition | | |
| NAME | | | 3 2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 3.4 CITY-ST-ZIP | | | |
| TITLE . | | DELETE | 4 1 TiTLE | Change Addition | | |
| NAME | | | 4 2 NAME | ·· | | |
| STREET ADDRESS | | | 4.3 STREET ADORESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - 7/P | | | |
| TITLE | | DELETE | 5 1 TITLE | Change Addition | | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CHTY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | |
| TIFLE | | DELETE | 6 1 TITLE | Change Addition | | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CiTY-ST-ZiP | | | 6 4 CITY - ST - ZIP | | | |

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 I 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 617, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-305-27 9730

CR2E034 (3/96)