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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000026289 (7)

M C HOLDING CORPORATION

Principal Place of Business	Mailing Address			
MASS 8.W. 48TH STREET Miami Fl 33155	8485 S.W. 48TH STREET Miami Fl 33155-5416			

FILED Apr 29 1997 8:00am Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified

				04/09/1993	08/1996				
	lace of Business	2a. Mailing Address			4. FEt Number		<u> </u>	plied For	
21	H	26			65-0408445			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22 City & State		City & State					Fee Re		
 1			6. Election Campaign Financing Trust Fund Contribution		, L	\$5.00 May Be Added to Fees			
23] Zip	Country	28	Count		Trust Fund Contribution				
24]	25	29	30	· ,	8. This corporation has liability f		rtax under s. □ No	. 199.032,	
<u></u>	9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
RUA	BIO, DELIA			Name					
8465 S.W. 48TH STREET MIAMI FL 33155				92 Street Address (D.O. Sou Niverboy in Not Assessed by					
			8	82 Street Address (P.O. Box Number is Not Acceptable)					
Assets on	/ 2 33,00		8	3					
•			8	City		FL	85 Zip (Code	
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tules, the abo	ve-named cor	poration submits this statement for th	e purpose c	f changing it	s registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change wa	as authorized	by the corpora	ation's board of directors. Thereby ac	cept the app	pointment as	registered	
	and accept the only	COCO. TOO FIGURES AT SECOND	i ronua sialu	1,70.					
SIGNATURE	Signature, typod or printed name of rugistered age	nt and trie if applicable (f	NOTE Registered A	Agent signature requ	ured when re-instating)	DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12	
TITLE	D	DELETE	1.1 1010	E			Change	Addition	
NAME	RUBIO, DELIA		1.2 NAM	IF					
STREET ADDRESS	8465 S.W. 48TH STREET		1.3 \$TR	ET ADDRESS	•				
CITY-ST-ZIP	MIAMI FL 33155		1.4 C(1)	- S1 - ZIP	·				
TITLE		☐ DFLETE	2 1 TITL	F			Change	Addition	
NAME			2.2 NAM	IE					
STREET ADDRESS			2.3 STR	ELT ADDRESS					
CITY-ST-ZIP			2 4 GH1	r - ST - ZIP					
TITLE			3 1 TITL	F			Change	Addition	
NAME			3.2 NAM	11.					
STREET ADDRESS			3 3 S1RI	EET ADDRESS	•				
CITY-ST-ZIP			3.4, CIT	Y+ST-ZIP					
TITLE		☐ DELETE	41 1116	E			Change	Addition	
NAME			4. 2 NAS	NE					
STREET ADDRESS			4.3 \$16	EF1 ADDRESS					
CITY - ST - ZIP			4.4 C(T)	'- S1- ZIP					
TITLE		DELETE	5.1 1111	ŧ			Change	Addition	
NAME			5.2 NAM	IE					
STREET ADDRESS			5.3 STRI	ELT ADDRESS					
CITY - ST - ZIP			5.4 GITY	-S1-ZIP					
TITLE		DELFTE	6.1 TITU	Г			☐ Change	Addition	
NAME			6.2 NAM	IE :					
STREET ADDRESS			63 \$1RI	EE1 ADDRESS					
CITY-ST-ZIP			6.4 CHY	- S1 - ZIP					

14. I do hereby certify that the information supplied with this filling 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 the panel or on an alternment with an address.

SIGNATURE:

Delen Rutes Delin RUAL

4/22/97 1-305 9230