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
1996

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

DOCUMENT # **P93000049429 (2)**

1. Corporation Name
MF PROPERTIES, INC.

Principal Place of Business	Mailing Address
2699 SOUTH BAYSHORE DRIVE PENTHOUSE MIAMI FL 33133	2699 S BAYSHORE DR PENTHOUSE C/O REGORY A MARTIN MIAMI FL 33133 US

3. Date Incorporated or Qualified: 07/08/1993	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0436856	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 100 N. BISCAYNE BLVD	26 100 N. BISCAYNE BLVD.
Suite, Apt. #, etc: 22 SUITE 601	Suite, Apt. #, etc: 27 SUITE 601
City & State: 23 MIAMI, FL	City & State: 28 MIAMI, FL
Zip: 24 33132 Country: 25 USA	Zip: 29 33132 Country: 30 USA

9. Name and Address of Current Registered Agent

MARTIN, GREGORY A
2699 SOUTH BAYSHORE DRIVE
PENTHOUSE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: MARTIN, GREGORY A.
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. BISCAYNE BLVD.
83 SUITE 601
84 City: MIAMI FL 85 Zip Code: 33132

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: Gregory A. Martin 7/5/96
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MARTIN, GREGORY A 5811 N. BAYSHORE DR. MIAMI FL 33137	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTIN, HAZEL 530 N.E. 52ND TER. MIAMI FL 33137	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTIN, KIMBERLY 5811 N. BAYSHORE DR. MIAMI FL 33137	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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 617, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory A. Martin 7/5/96 (305)373-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)