**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054905 (3)**

1. Corporation Name
**MJA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~9360 FONTAINBLEAU BLVD.~~<br>~~APT. 405~~<br>~~MIAMI FL 33172~~ | ~~9360 FONTAINBLEAU BLVD.~~<br>~~APT. 405~~<br>~~MIAMI FL 33172~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/05/1993**
3a. Date of Last Report: **06/21/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 10233 SW 12 ST | 26 10233 SW 12 ST |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: PEMBROKE PINES, FL | 28 City & State: PEMBROKE PINES, FL |
| 24 Zip: 33172 25 County | 29 Zip: 33173 30 County |

4. FEI Number: **65-0435149** ☐ 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 § 199.072 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MANZER, MASOOD**
**10233 SW 12 STREET**
**PEMBROKE PINES FL 33172**

10. Name and Address of New Registered Agent

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 (signature of president or registered agent) (NAME: Registered Agent typed or printed) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | PD | 11 TITLE | ☒ Change ☐ Addition |
| 12 NAME | MANZER, MASOOD | 12 NAME | |
| 13 STREET ADDRESS | ~~9360 FONTAINBLEU BOULEVARD, #405~~ | 13 STREET ADDRESS | 10233 SW 12 ST |
| 14 CITY ST ZIP | ~~MIAMI FL~~ | 14 CITY ST ZIP | PEMBROKE PINES, FL 33172 |
| 21 TITLE | VPD | 21 TITLE | ☒ Change ☐ Addition |
| 22 NAME | AZHAR, NIGHAT | 22 NAME | |
| 23 STREET ADDRESS | ~~9350 FONTAINBLEU BOULEVARD, #405~~ | 23 STREET ADDRESS | 10233 SW 12 ST |
| 24 CITY ST ZIP | ~~MIAMI FL~~ | 24 CITY ST ZIP | PEMBROKE PINES, FL 33172 |
| 31 TITLE | VPD | 31 TITLE | ☒ Change ☐ Addition |
| 32 NAME | SIDDIQUI, JAVED | 32 NAME | |
| 33 STREET ADDRESS | ~~9360 FONTAINBLEU BOULEVARD, #405~~ | 33 STREET ADDRESS | 10233 SW 12 ST |
| 34 CITY ST ZIP | MIAMI FL | 34 CITY ST ZIP | PEMBROKE PINES, FL 33172 |
| 41 TITLE | TD | 41 TITLE | ☒ Change ☐ Addition |
| 42 NAME | MAHMOOD, KHALID | 42 NAME | |
| 43 STREET ADDRESS | ~~9360 FONTAINBLEU BOULEVARD, #405~~ | 43 STREET ADDRESS | 10233 SW 12 ST |
| 44 CITY ST ZIP | ~~MIAMI FL~~ | 44 CITY ST ZIP | PEMBROKE PINES, FL 33172 |
| 51 TITLE | SD | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | AKBAR, JUNAID | 52 NAME | |
| 53 STREET ADDRESS | 1341 SW 104TH AVENUE | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | PEMBROKE PINES FL | 54 CITY ST ZIP | |
| 61 TITLE | VPD | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | JUNAID, FOUZIA | 62 NAME | |
| 63 STREET ADDRESS | 1341 SW 104TH AVENUE | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | PEMBROKE PINES FL | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is absolutely true and 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:** [signature] 4/12/95 (305) 545-5114
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0188596 CP