

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000054905 (3)

1. Corporation Name
MJA, INC.

Principal Place of Business
10233 SW 12 ST
APT. 405
PEMBROKE PINES FL 33172
US

Mailing Address
10233 SW 12 ST
APT. 405
PEMBROKE PINES FL 33025-4700
US



3. Date Incorporated or Qualified 08/05/1993	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0435149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD MANZER, MASOOD <input type="checkbox"/> DELETE
NAME	10233 SW 12 ST
STREET ADDRESS	PEMBROKE PINES FL
CITY - ST - ZIP	
TITLE	VPD AZHAR, NIGHAT <input type="checkbox"/> DELETE
NAME	10233 SW 12ST
STREET ADDRESS	PEMBROKE PINES FL
CITY - ST - ZIP	
TITLE	VPD SIDDIQUI, JAVED <input type="checkbox"/> DELETE
NAME	10233 SW 12 ST
STREET ADDRESS	PEMBROKE PINES FL
CITY - ST - ZIP	
TITLE	TD MAHMOOD, KHALID <input type="checkbox"/> DELETE
NAME	10233 SW 12 ST
STREET ADDRESS	PEMBROKE PINES FL
CITY - ST - ZIP	
TITLE	SD AKBAR, JUNAID <input type="checkbox"/> DELETE
NAME	1341 SW 104TH AVENUE
STREET ADDRESS	PEMBROKE PINES FL
CITY - ST - ZIP	
TITLE	VPD JUNAID, FOUZIA <input type="checkbox"/> DELETE
NAME	1341 SW 104TH AVENUE
STREET ADDRESS	PEMBROKE PINES FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: MASOOD MANZER JAN 8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)