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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9300055682 (7) 1. Corporation Name							
M.D.I	R. PROPERTIES, INC.						
Principal Place of Business Mailing Address						PIII BBIII DDIRI BIIBI BIIID DIIBI	10110 1101 1051
% Deborah Milbery 629 ne 3ro street Dania Fl 33004		% DEBORAH MILBERY 629 NE 3RD STREET DANIA FL 33004					
				 Date Incorporated or Qualified 08/06/1993 	3a. Date of Last Repo 05/16/199		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0427712		lied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	Applicable dditional
22		27		5. Certificate of Status Desired	Fee Rec	quired	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 N		
Zip			Country		8. This corporation has liability for	Added to	
24	25				Florida Statutes Yes	I € No	
	9, Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New F	Registered Agent	
MILOC	DOV DEDADALI						
MILBERRY, DEBORAH 629 NE 3RD STREET			82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
DANIA FL 33004			83				
			84	City		₽. 85 Zip Ci	ode
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the abo				amed corror	ation submits this statement for the nu	FL	stared office
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorize	d by the corpo	oration's boar	d of directors. I hereby accept the app	ointment as registered ag	ent. Fam
SIGNATURE	the same of the sa	ion our soud, monda dialoc.					
	Signature, typed or printed name of registered agent		Registered Agent	t signature required		DATE	
12. TITLE			13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF		IN 12 Addition
NAME	ALLEDONIE DOLLARD I		1.2 NAME			ET cuarde E	
STREET ADDRESS	629 NE 3RD STREET		13 STREET	ADDRESS			
CITY-ST-ZIP	DANIA FL 33004		1.4 CHY-S1	T - ZIP			
TITLE	-		2 1 TITLE			☐ Change ☐	Addition
NAME			22 NAME				
STREET ADDRESS	DANIA CLASSOCI		2.3 STREET : 2.4 City-St	1			
CITY-ST-ZIP TITLE		D		I - ZIP		Change	Addition
NAME	LIU BERLY BERADANA		3.2 NAME				J 7.00.00.
STREET ADDRESS	AND HE ADD STREET		3.3. STREET	ADDRESS			
CITY-ST-ZIP	DANIA FL 33004		3.4 CITY - \$1	r-zip			
TITLE		DELETE	4. 1 TITLE			Change [] Addition
NAME STOREST ADDRESSE			4.2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP							
TITLE		DELETE	4.4 City-St-ZiP 5.1 Title			☐ Change ☐	Addition
NAME			5.2 NAME			_ , _	-
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		pro perese	5 4 CITY - S1	I-2IP			
TITLE		DELETE	6 1 TITLE			☐ Change ☐	Addition
NAME STREET ADDRESS			6.2 NAME	ADDRESS			

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

64 CITY-ST-ZIP

SIGNATURE: ___

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED VA

Deborah Milbery

3/12/96 954/923-5900

3R2F034 (12/9)