

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Joseph P. Morjan
Secretary of State
1111 North Florida Avenue

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000073207 (1)**

M C B H ENTERPRISES INC.

Principal Office of Directors: **20144 NW 12TH PLACE MIAMI FL 33169**
Mailing Address: **20144 NW 12TH PLACE MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/15/1993		3a. Date of Last Report 07/28/1994	
4. FPI Number 65-0451563		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Finance or Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199(1)(2) Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Designated Agent of Directors 21		2a. Mailing Address 26		4. FPI Number 65-0451563		Applied For Not Applicable	
22. State Apt. # etc.		27. State Apt. # etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Finance or Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. City		29. City		8. This corporation has liability for intangible tax under S. 199(1)(2) Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**BAYLEY-HAY, THELMA
20144 NW 12TH PLACE
MIAMI FL 33169**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Accepted)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.02(1) and 607.15(8), 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, thereby accept the appointment as registered agent. I am familiar with and accept the appointment of the new registered agent.

SIGNATURE: _____
Name of Registered Agent or Designated Agent: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE MADE FOR THIS YEAR (CHECK ONE)	
1. NAME	DPS BAYLEY-HAY, MICHAEL D 20144 NW 12TH PLACE MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY & STATE		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY & STATE		6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY & STATE		9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for this exemption stated in Section 199(1)(2)(b) 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 497, Florida Statutes, and that my name appears in Block 1, or Block 13, or changed on an attachment with an addressee.

SIGNATURE: *Michael D Bayley Hay* - *Michael D Bayley Hay* 5/3/95 (305) 626 6036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR