

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

CORPORATIONS,  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Joseph P. Morjan  
Secretary of State  
1111 North Florida Avenue, Tallahassee, Florida 32304

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 Registrant: **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 <b>10/15/1993</b>		3a. Date of Last Report <b>07/28/1994</b>	
4. FPI Number <b>65-0451563</b>		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Finance or Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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 <b>BAYLEY-HAY, THELMA 20144 NW 12TH PLACE MIAMI FL 33169</b>		10. Name and Address of New Registered Agent			
		B1 Name			
		B2 Street Address (P.O. Box Number is Not Accepted)			
		B3			
		B4 City		B5 Zip Code	

11. Pursuant to the provisions of Sections 217.02(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. I hereby accept the appointment as registered agent. True and correct, and accept the appointment, at Tallahassee, Florida, this 7th day of May, 1995.

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 AND STATE		3. CITY AND 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 AND STATE		6. CITY AND 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 AND STATE		9. CITY AND 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 AND STATE		12. CITY AND 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 appointed to operate this report as required by Chapter 497, Florida Statutes, and that my name appears in Block 1, or Block 13, if 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