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 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000086321 (5)**

1. Corporation Name
MLEX ENTERPRISES, INC.

Principal Place of Business
8761 N. CRESCENT DR.
MIRAMAR FL 33025

Mailing Address
8761 N. CRESCENT DR.
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 18800 NW 2nd AVE
Suite Apt. #, etc.
22 SUITE 118
City & State
23 MIAMI , FL
24 33169 25 USA

2a. Mailing Address
26 SAME
Suite Apt. #, etc.
27 SUITE117
City & State
28 SAME
29 30

4. FEI Number: 65-0452934 — 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. [illegible] Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
WALLACE, MICHAEL
8761 N. CRESCENT DR.
MIRAMAR FL 33025

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. [illegible] Florida Statutes, the above named corporation submits the 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. Having accepted the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [illegible] APRIL 28, 1995

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GUTHRIE, FITZROY
STREET ADDRESS	2430 NW 176TH TERR.
CITY, ST, ZIP	MIAMI FL 33056
TITLE	PD
NAME	WALLACE, MICHAEL
STREET ADDRESS	8761 N. CRESCENT DR.
CITY, ST, ZIP	MIRAMAR FL 33025

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. [illegible] Florida Statutes. [illegible]

SIGNATURE: MICHAEL WALLACE
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

APRIL 28, 95 (305) 655-1227

0110000 CP