

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000009085 (9)

1. Corporation Name

M.J.S. CORPORATION

Principal Place of Business

~~815 PONCE DE LEON BLVD.~~  
~~CORAL GABLES FL 33134~~

Mailing Address

815 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134



2. Principal Place of Business	2a. Mailing Address
21 6271 SW 25 STREET Suite, Apt. #, etc.	26 6271 SW 25 STREET Suite, Apt. #, etc.
22 City & State 23 MIAMI, FLORIDA	27 City & State 28 MIAMI, FLORIDA
24 Zip 29 33155	30 Country 31 U.S.A.

3. Date Incorporated or Qualified 02/04/1994	3a. Date of Last Report 07/11/1995
4. FEI Number APPLIED FOR 65-0478506	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AGUILERA, ANTONIO M  
~~815 PONCE DE LEON BLVD.~~ 3500 SOLANA DRIVE  
~~CORAL GABLES FL 33134~~ COCONUT GROVE, FL  
33133

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

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ANTONIO M. AGUILERA 02/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	1.1 TITLE
NAME	AGUILERA, ANTONIO M	12 NAME	12 NAME
STREET ADDRESS	815 PONCE DE LEON BLVD.	13 STREET ADDRESS	13 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	14 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	2.1 TITLE
NAME		22 NAME	22 NAME
STREET ADDRESS		23 STREET ADDRESS	23 STREET ADDRESS
CITY-ST-ZIP		24 CITY-ST-ZIP	24 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	3.1 TITLE
NAME		32 NAME	32 NAME
STREET ADDRESS		33 STREET ADDRESS	33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP	34 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	4.1 TITLE
NAME		42 NAME	42 NAME
STREET ADDRESS		43 STREET ADDRESS	43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	5.1 TITLE
NAME		52 NAME	52 NAME
STREET ADDRESS		53 STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	6.1 TITLE
NAME		62 NAME	62 NAME
STREET ADDRESS		63 STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP	64 CITY-ST-ZIP

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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

MAURO A. PETRICCA 02/21/96 (305) 595-3801

CR2E034 (12/95)