SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P94000043884 (3) DOCUMENT # MFA INDUSTRIES, INC. Principal Place of Business Mailing Address 2851 N. OAKLAND FOREST 2851 N. OAKLAND FOREST DR **APT. 209** 20 OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report US 06/08/1994 08/14/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 2851 N. OAKLAND FOLEST 21 65-0493915 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 209 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be DAKLAND PARK, FL. 23 Trust Fund Contribution Added to Fees Zip Zιρ 8. This corporation has liability for intang ble tax under s. 199 032 33309 45 24 25 29 Florida Statutes Yes 📝 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name MICCIO, MICHAEL R 2841 N. OAKLAND FOREST DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **APARTMENT 108** 83 OAKLAND PARK FL 33309 84 City 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 nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: type that printed numeral registral, diagest and to aid applicable (NOTE: Bug sterod Agent a gradure required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) DELETE TITLE 1.1 TITLE Change Addition NAME MICCIO, MICHAEL R 1.2 NAME CR2E034 2851 N. OAKLAND FOREST DR. APT. 209 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 14 CITY - \$7 - 7IP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - \$1 - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CiTY-S1-ZIP TITLE DELETE 4.1 1034.6 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4.0(1) - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZiP TITLE DELETE 61 THUE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 it made under oath, that I am an officer or director of the corporation or the ecciver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears ignt with an address 8-1-96 (954) 561-5094

SIGNATURE AND TYPED OR PRINTED NAM

MICHAE

SNING OFFICER OR DIRECTOR

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**SIGNATURE**