FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000087899 (8) DOCUMENT # 1. Corporation Name

M.E.N.J.	INVEST	MENT CORP.									
Principal Place of Business 9955 N.W. 116TH WAY STE. 8 MEDLEY FL 33178 US				Mailing Address 9955 N.W. 116TH WAY STE. 8 MEDLEY FL 33178-1152						10001 (DII) IBI) 10 H 10 F
				US			3. Date Incorporated or Qualified 12/05/1994	fied 3a. Date of Last Report 06/04/1996			
2. Principal Place of Business 21				2e. Mailing Address 26				4. FEI Number 65-0539007	Applied For Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Certificate of Status Desired Section			
City & State			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Z(g)	Country			Zip Coul			,		oration has liability for intangible tax under s. 199.032,		
24	a Nama	25 29 30 30 30 30 30 30 30 3				· · · ·	Fiorida Statutes Yes N 10. Name and Address of New Registered Age				
HAI	E, CURT	and Address of Curi	ent nega	nered Agent		81	Name	TU, Marile BIND ACCIOSS OF NEW N	gistorou	Manr	
9955 N.W. 116TH WAY						82	Street Add	ress (P.O. Box Number is Not Acceptable)			
STE. B MEDLEY FL 33178						83					
MEGGET PL 33170										14-1 %	0-1-
						84	'		FL	. `	Code
11. Pursuant office or r agent La	to the provis egistored aç m famil:ar w	sions of Sections 607.0 jent, or both, in the Sta ith, and accept the ob	502 and 6 ite of Flori igations o	307.1508, Florida Statu da. Such change was if, Section 607.0505, Fl	tes, the a authoriza orida Sta	above ed by atutes	e-named corp y the corpora s.	poration submits this statement for the tition's board of directors. I hereby acce	purpose of pt the app	f changing it pointment as	s registered registered
SIGNATURE									DATE	*··*··	
12.	Styric de Typest or printed name of registered agent. OFFICERS AND			~~~~			eni signature requ	nt agrature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			7S IN 12
TITLE	D DELETE				TITLE				Change	Addition	
NAME:	HALE, C	URT			1.2	NAME					
STREET ADORESS		W. 116TH WAY, SU	TE 8		1.3	STREET	T ADDRESS				
CITY ST 7IP		FL 33178			1,4	CITY-S	ST-ZIP				
THLE	<u>D</u>			☐ DELETE		2 1 TITLE				Change	Addition
NAM'6	ZIV, JAY				2.2	NAME					
SYREET ADDRESS		15TH RD., # 16-D			2.3	STREET	T ADDRESS				
CITY \$1-ZIP	MIAMI F	L 33129					ST-ZIP			110	1 4 1 600
TITLE	i			☐ DELETE		TITLE	Į.			☐ Change	Addition
NAME						NAME					
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TETLE				☐ DELETE		TITLE				L. Change	Addition
NAM i					ı	NAME	Į.				
STREET ADORESS							TADDRESS				
CITY-51-20F				T ociete			ST-ZIP			Channe	Addition
1101 F				☐ DELETE		TITLE				Change	THE MODITION
NAME						NAME					
STREET ADORESS					ŀ		TADORESS				
CITY+ST-ZIP				DELETE			ST-ZIP			Chann	Addition.
THE				DELETE		TITLE	1			L Change	Addition
NAME					6.2	NAME	- 1				

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

SIGNATURE:

STREET ADORESS

CHY-SY-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 arm 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 Brock 13 if changes, so on an attachment with an address.

FILED

May 07 1997 8:00am

Secretary of State