05-10-1999 90205 010 ***150.00

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

Mailing Address

7200 NW 7TH STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087899

1. Corporation Name

Principal Place of Business 7200 NW 7TH STREET

M.E.N.J. INVESTMENT CORP.

MIAMI FL 33126						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
US		US					
						12/05/1994	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26	├ ¬			65-0539007 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	= -			\$8.75 Additional	
22	.,	<u> </u>	27			5. Certificate of Status Desired Fee Required	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be	
23		<u>⊢</u> '	28			Trust Fund Contribution Added to Fee's	
Zip	Country	Zip	Cou	ntry		This corporation owes the current year Intangible	
24	25	29	30	•		Personal Property Tax.	
24	 	of Current Registered Agent	100			10. Name and Address of New Registered Agent	
	V. (100)			81	Name		
HALE, CURT					<u> </u>		
	N.W. 116TH WAY		82 Street A		Street A	t Address (P.O. Box Number is Not Acceptable)	
STE. 8				83			
MEDLEY FL 33178				•	l		
				84	City	FI 85 Zip Code	
						• — , ,	
11. Pursuant t	to the provisions of Sections egistered agent, or both, in	s 607.0502 and 607.1508, Florida Statut the State of Florida. Such change was a	es, the at uthorized	by i	:-named of the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I ar	n familiar with, and accept	the obligations of, Section 607.0505, Flo	rida Statu	ıtes.			
SIGNATURE							
	Signature, typed or printed name of re			Agen	t signature re	required when reinstating) DATE	
12.		CERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	D	☐ DELETE	1.1 Til				
NAME	HALE, CURT		1.2 NA	ME			
STREET ADDRESS	9955 N.W. 116TH WA	Y, SUITE 8	1.3 ST	REET	ADDRESS	5	
CITY-ST-ZIP	MEDLEY FL 33178		1,4 CI	TY- ST	Γ-ZIP		
TITLE	D	☐ DELETE	2.1 111	LE		☐ Change ☐ Addition	
NAME	ZIV, JAY		2.2 NA	ME			
STREET ADDRESS	200 S.E. 15TH RD., #	16-D	2.3 ST	REET	T ADDRESS	s	
CITY-ST-ZIP	MIAMI FL 33129		2.4 CI	TY-S	iT-ZIP	,	
TITLE		☐ DELETE	3.1 TT	ΠE		☐ Change ☐ Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET	T ADDRESS	S	
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP		
TITLE		☐ DELETE	4 1 TIT			Change Addition	
NAME			4. 2 N	AME			
STREET ADDRESS					TADDRESS	S	
1			4.4 CF		1		
CITY-ST-ZIP		☐ DELETÉ	5.1 TIT			☐ Change ☐ Addition	
NAME			5.2 NA		1		
}					TADDRESS	s l	
STREET ADDRESS			5.4 CF				
CITY-ST-ZIP		TT DELETE	6.1 TT			☐ Change ☐ Addition	
TITLE		□ pereie	6.2 NA				
NAME					T ADODESSE		
STREET ADORESS			6.3 8	ret l	TADDRESS	o į	

14. I 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 arn 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305-2612500