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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000060075 (5) **DOCUMENT #**

MLJ ASSOCIATES, INC



18800 NW 2 AVE. # MIAMI FL 33169 2. Principal Place of Fr 2750 E Suite Apt. #, etc.	204	Mailing Address 18800 NW 2 AVE. #2 MIAMI FL 33169 2a. Mailing Address 2b. E. Of Suite Apl., etc. 27 Suite Apl., etc.	AKLAND K.BUI	3. Date Incorporated or Qualified 08/03/1995 4. FEI Number 06/02// 5. Certificate of Status Desired 6. Election Campaign Financing	Applied For Not Applica \$8.75 Additional Fee Required
7 1. LHUM 33306	Country 25 ROWARD	28 71. LAVUA	Country WED	Trust Fund Contribution 8. This corporation has liability for	Added to Fees intangible tax under s 199.032,
9. Na	ame and Address of Curren	29 77370 t Registered Agent	30 DKM	Florida Statutes Yes 10. Name and Address of New	s No Registered Agent
or registered agent	VE, #204	and 607, 1508. Florida Statut a Such change was authoriz 607,000. Ebrida Statutes	ed by the corpo <u>ration's beat</u>	Suppose the suppose of the put of directors, I henry a very the app	The ble CIR. FL 85 33433 Proce of changing its registered of pointment as registered agent. I am 1-2446
Signature t	sted or product non-elof registered againt a OFFIÇERS AND	not trib if applicable [NC	TE Rico -red Agoly signature in part	Ward I Von	DATE
LE D ME DRE	SSNER, MICHAEL S 57TH WAY LYWOOD FL 33024	DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	ADDITIONS/OHAN 31/5 (O OF	FICERS AND DIRECTORS IN 12 Change Additio
EFFACORESS 227	PPER, LAWRENCE 52 MARBELLA CIRCLE CA RATON FL 33433	☐ DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADORESS 2 4 CITY - ST - ZIP		☐ Change ☐ Addition
EFI ADDRESS 2275	PPER, FRAN 52 MARBELLA CIRCLE	DELFTE	3 1 TILLE 32 NAME 33 STREET ADDRESS		☐ Change ☐ Addition
E E AUDRESS	CA RATON FL 33433	☐ DELETE	3.4 City-St-Zip 4.1 Tifle 4.2 NAME 4.3 STREET ADDRESS		Change Addition
\$ 70° : : F1 400#:\$\$		☐ DELETE	5 1 TITLE 5 2 NAME 5 3 SIREET ADDRESS	100	☐ Change ☐ Addition
1		☐ DELFIE	5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREE1 ADDRESS 6 4 CITY - ST - ZIP		Change Addition
PER ADDRESS YES 1/2P 1. I do hereby certify the certify that I the information outly that I am an orappears in Block 17 SIGNATURE	motion in ionest on this airita	ation or the eceiver or trusted	84 CITY-ST-ZIP shed and does not qualify for ual report is true and accurate e empowered to execute this less.	the exemption stated in Section 119, and that my signature shall have the report as required by Chapter 607, Fi	nama lagai affaat oo if