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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000063090

1. Corporation Name

MHIB, INC.

Principal Place of Business	Mailing Address
1977 NE 119TH RD NORTH MIAMI BEACH FL 33181	1977 NE 119TH RD NORTH MIAMI BEACH FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/15/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 · 2801 NE 183RD ST	26 · 2801 NE 183RD ST	58-2197680	Not Applicable
Suite, Apt. #, etc. 22 · APT. 701	Suite, Apt. #, etc. 27 · APT. 701	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 · MIAMI, FLORIDA	City & State 28 · MIAMI, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 · 33160	Country 25 · U.S.	Zip 28 · 33160	Country 30 · U.S.

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIEBESFELD, TODD 1977 NE 119TH RD NORTH MIAMI BEACH FL 33181	81 Name WALLBERG & RENZY, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 10100 West Sample Road 83 Suite 311 84 City Coral Springs FL 85 Zip Code 33065

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 _Ron Renzy — for Wallberg & Renzy P.A._   (NOTE: Registered Agent signature required when reinstating)   DATE 4/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** ☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME LIEBESFELD, TODD	1.2 NAME		
STREET ADDRESS 1977 NE 119TH RD	1.3 STREET ADDRESS 2801 NE 183RD ST., APT. 701		
CITY-ST-ZIP NORTH MIAMI BEACH FL 33181	1.4 CITY-ST-ZIP MIAMI, FL. 33160		
TITLE ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-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	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: _Todd Liebesfeld / President_   4/13/99   (305) 792-7610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #