


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

FILED
May 19 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000004575 (2)
 1. Corporation Name
M & J ELEVATOR, INC.



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| Principal Place of Business 1031 IVES DAIRY ROAD SUITE 125 MIAMI FL 33179-2538 | Mailing Address 1031 IVES DAIRY ROAD SUITE 125 MIAMI FL 33179-2538 |
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| | | | |
|---|--|---|---------------------------------------|
| 3. Date Incorporated or Qualified 01/16/1996 | | 3a. Date of Last Report | |
| 2. Principal Place of Business 21 4156 N.W. 132 St. | 2a. Mailing Address 26 4156 N.W. 132 St. | 4. FEI Number 65-0633121 | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 City & State Opalocka, Fl. 33054 | 28 City & State Opalocka, Fl. 33054 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Zip | 25 Country | 29 Zip | 30 Country |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent ROGOVIN, LAWRENCE 1031 IVES DAIRY ROAD SUITE 125 MIAMI FL 33179-2538 | | 10. Name and Address of New Registered Agent | |
| | | B1 Name | |
| | | B2 Street Address (P.O. Box Number is Not Acceptable) | |
| | | B3 | |
| | | B4 City | FL B5 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGOVIN, LAWRENCE H | 1.2 NAME | |
| STREET ADDRESS | 1031 IVES DAIRY ROAD, SUITE 125 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33179-2538 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | D |
| STREET ADDRESS | | 2.3 STREET ADDRESS | Joseph A. Ortiz |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | 1000 N.W. 150 St., Miami, Fl. 33168 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | D |
| STREET ADDRESS | | 3.3 STREET ADDRESS | Rita D. Ortiz |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | 1000 N.W. 150 St. Miami, Fl. 33168 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address.

SIGNATURE _____ **Joseph A. Ortiz Pres. 4/28/97 305/1100**

CP2E034 (9/96)