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May 01 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000004575 (2)

1. Corporation Name
M & J ELEVATOR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4156 N.W. 132 ST., OPA LOCKA FL 33054 US
Mailing Address: 4156 N.W. 132 ST., OPA LOCKA FL 33054 US

3. Date Incorporated or Qualified: 01/16/1996

2. Principal Place of Business: 4174 NW 132 St.
2a. Mailing Address: 4174 NW 132 St.

4. FEI Number: 65-0633121

23. City & State: Opa Locka, FL.
28. City & State: Opa Locka, FL.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: 33054
25. Country: MIAMI-DADE
29. Zip: 33054
30. Country: MIAMI-DADE

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

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: Joseph A. Ortiz, 4174 NW 132 St., Opa-Locka, FL 33054

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: Joseph A. Ortiz, Pres. DATE: 4-27-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	ORTIZ, JOSEPH A	1.2 NAME	
STREET ADDRESS	1000 N.W. 150 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ORTIZ, RITA D	2.2 NAME	
STREET ADDRESS	1000 N.W. 150 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(l), 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.

CR2E034 (10/97)