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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90047 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013068

1. Corporation Name

M & J ENTERPRISES OF MIAMI, INC.



Principal Place of Business

Mailing Address

M&J ENTERPRISES OF MIAMI, INC.
~~665 NW 118TH STREET~~
~~MIAMI FL 33168~~

M&J ENTERPRISES OF MIAMI, INC.
~~665 NW 118TH STREET~~
~~MIAMI FL 33168~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 8004 NW 154 STREET

26 8004 NW 154 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 377

27 377

City & State

City & State

23 MIAMI LAKES, FL

28 MIAMI LAKES, FL

Zip Country

Zip Country

24 33016

25 MIAMI DADE

29 33016

30 MIAMI DADE

9. Name and Address of Current Registered Agent

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

LIVE SHOT PRODUCTION
M&J ENTERPRISES OF MIAMI, INC.
~~665 NW 118TH STREET~~
~~MIAMI FL 33168~~

81 Name

MICHELLE JACKSON

82 Street Address (P.O. Box Number is Not Acceptable)

8004 NW 154 STREET #377

83

84 City

MIAMI LAKES

FL

85 Zip Code
33016

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **JACKSON, WILLIE E**
STREET ADDRESS **16540 NW 84TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33016**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **JACKSON, MICHELLE**
STREET ADDRESS **16540 NW 84TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33016**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/99

Date

Daytime Phone #

CR2E034 (11/98)

0244473