## 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

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90083 014 \*\*\*150.00

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DOC	<b>UMENT</b>	#	P9600	<b>001</b>	6625

1. Corporation Name						_			
M&JI	NTERNATIONAL CONSULTIN	IG & TRADING, INC.							
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Principal Plac	e of Business	Mailing Address				T TANKERU ISO SONA OTHER DESI	I BOILL BAILL BALL	A TENERA MATERIA DEPLEA A	IBB) Blit 1881
1254 VAN BUREN STREET 1254 VAN BUREN STREET									
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019								, 	
		1,					RITE IN THIS	3 SPACE	
		N				3. Date incorporated or Qualif	ea		
C Dringing D	Hara of Discingue	A. Mailion Address				02/22/1996 4. FEI Number		▲ I An	plied For
2. Principal Place of Business		2a. Mailing Address 26 P.O. Box 2786				,5-079 945		Applicable	
Suite, Apt. #, etc.		26 7.0, D9 X	<del></del>	<u> </u>				\$8.75 A	
22		27				5. Certificate of Status Desired		Fee Red	
City & State		City & State	<del></del>	,	-	6. Election Campaign Financia		\$5.00	May Be
23		28 Halland	عام	FL	-1	Trust Fund Contribution	"a 🗖	Added to	•
Zip	Country	Zip	Country	y		8. This corporation owes the o	urrent year In	itangible	
24	25	29 33008	30			Personal Property Tax.		Yes	III No
	9. Name and Address of Current	Registered Agent				10. Name and Address of Ne	w Registered	Agent	
F# 05	100 100		81	Name					
	NGS, INC.		82	Street	Addre	ss (P.O. Box Number is Not Acce	ptable)		
	N.W. 16TH STREET						<u> </u>		
FUR	T LAUDERDALE FL 33311		83	3					
			84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip C	ode
Ĺ						<u></u>	FL		
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the above	e-named	corpor	ation submits this statement for the statement of the statement of directors. I hereby ac	he purpose of cept the appo	f changing its r intment as rec	egistered iistered
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Flor	rida Statutes	s.		0.000.000,000.000,0000,0000,0000,0000			
SIGNATURE						<del></del>			
	Signature, typed or printed name of registered agent OFFICERS ANI		<del>-i</del>	int signature r	equired v	when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AL	ND DIDECTO	20 IN 12
TITLE	D OFFICERS AND	DELETE	13. 1.1 TITLE	<del></del>		ADDITIONS/CHANGES TO	JELICENS A	Change	Addition
NAME	JONES, JESSE L		1.2 NAME		}			<b>P</b>	
STREET ADDRESS	1254 VAN BUREN STREET		1	TADDRESS	P	0. Boy 2784			
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-S		Li		Fl.	3300.	ጵ
TITLE	TIOLETTI COD TE COOTS	☐ DELETE	2.1 TITLE	)1-Zir		australia,		Change	☐ Addition
NAME			2.2 NAME				•		
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			2.4 C/TY-			and the second of the second o	<del>-</del>		
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME					-	
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP