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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031708 (6)

M & I PRODUCTION SUPPORT, INC.

FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
9170 VIRGINIA STREET 3170 VIRGINIA STREET								
COCONUT GROVE FL 33133			COCONUT GROVE FL 33133					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Quatified		
2. Princin	al Place of Business		2a. Mailing Address			04/11/1996 4. FEI Number		
21			26. Walling Address			. .		Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			65-0656586	¢0.7	Not Applicable
22			27			5. Certificate of Status Desired		5 Additional Regulred
City & State			City & State			6. Election Campaign Financing		rroquiroc
23		28			Trust Fund Contribution	Add	ed to Fees	
Zip		Country	Zip	Country		8. This corporation owes or has p		
24	25	29	30		Personal Property Tax due June 30. Yes No			
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent								
	AMERILAWYER C				Name			
343 ALMERIA AVENUE					32 Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
CORAL GABLES FL 33134								
1				-	33			
				ŀ	34 City		85 Z	p Code
	1111				ĺ			·
11 Pursua office	ant to the provisions or registered agent	of Se ctions 607.0502	and 607.1508, Florida State	utes, the ab	ove-named co	rporation submits this statement for the	ourpose of changin	g 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								
					Agent signature req	uired when reinstaling)	DATE	
12.	PTD	OFFICERS AND	DELETE	13.	r	ADDITIONS/CHANGES TO OFFICE		
NAME		ISIDOD	בן טנונונ	1.1 TITL	1		Chang	e L Addition
	IAME BUHOLZER, ISIDOR STREET ADDRESS 3170 VIRGINIA STREET			1.2 NAN	- I			
	COCONUT		1.3 STREET ADDRESS					
CITY-ST-ZIP	VSD	O1107E 1 E 00100	DELETE	2.1 TITL	'-ST-7 P		Chang	Addition
NAME	ROBLES, IR	HS M	CT Office	2.2 NAME			L_J Chang	e L. Addition
STREET ADORE	4474 1764			2.3 STREET ADDRESS				
CITY-ST-ZIP		GROVE FL 33133						
TITLE	000011011	G110 12 12 00 100	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Chang	e Addition
NAME			_	3.2 NAM	1		Onang	C Audition
STREET ADDRE	ss		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE			DELETE	4.1 TITL			Change	e
NAME	1		_	4. 2 NAN				
STREET ADDRES	ss				ET ADDRESS			
CITY-ST-ZIP					- ST - ZIP			
TITLE			DELETE	5.1 Y(T)			- And	Addition
NAME				5.2 NAM	i		- <i>IT</i> *	1/2-
STREET ADDRES	ss				ET ADDRESS			751)
CITY-ST-ZIP	1			5 4 City			101	
TITLE					31 ‡11	90000241	- Change	Addition
NAME				6.2 NAM	.	-01/30/980109		_
STREET ADDRES	ss				ET ADDRESS	***150.00	i1	
CITY-ST-ZIP				6.4 CITY		कर्कका ४ अस्ति । सार्थ		
14. hereb	y certify that the info	ormation supplied with	this filing does not qualify t	or the even	ntion stated in	Section 119.07(3)(i), Florida Statutes. I	further certify that the	ne 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 or an anadoment with an address.								