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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000044719 (8)

1. Corporation Name

M.J.R. INVESTMENT GROUP, INC.

Principal Place of Business

3111 UNIVERSITY DRIVE, SUITE 725
CORAL GABLES FL 33065

Mailing Address

3111 UNIVERSITY DRIVE, SUITE 725
CORAL GABLES FL 33065-5099



3. Date Incorporated or Qualified

05/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2898 University Dr.

26 2898 University Drive

65-066-7569

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 78

27 Suite # 78

City & State

City & State

23 Coral Springs FL

28 Coral Springs

Zip

Country

Zip

Country

24 33065

25 Broward

29 FL

30 33065

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D RABIN, MICHAEL
NAME
STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 725
CITY-ST-ZIP CORAL GABLES FL 33065

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Michael RABIN
1.3 STREET ADDRESS 3111 UNIVERSITY DRIVE - # 78
1.4 CITY-ST-ZIP Coral Springs FL 33065

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Michael Rabin 4-25-97 954-752-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)