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

**PROFIT** CORPORATION ANNUAL REPORT 1997



#### FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000052590 (2) MJ CHARTER CORP.

Principal Place of Business 2699 SOUTH BAYSHORE DRIVE SUITE 700 MIAMI FL 33133

Mailing Address

2699 SOUTH BAYSHORE DRIVE SUITE 700 MIAMI FL 33133-5425

# **FILED** Mar 19 1997 8:00am Secretary of State



(305) 436-6615

						3. Date Incorporated or Qualified 3a. 06/19/1996	. Date of Last F	Report	
2, Principal F	Place of Business	2a. Mailing Ad	2a, Mailing Address			4, FEI Number	XA	pplied For	
21		26	26				F	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27				5. Certificate of Status Desired	Fee R	lequired	
City & Sta	le	}	City & State			6. Election Campaign Financing			
23		28				Trust Fund Contribution		to Fees	
Žip	Country	Zip	ļ	ountry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
24	25 g, Name and Address of Curre	29	[30]	¬		f Iorida Statutes Yes			
^^1	RPCO, INC.	in ricgistored Agen		81	Name	10, marile due Addissa of Mete Heliater	ou Agent		
	9 SOUTH BAYSHORE DRIVE								
7TH FLOOR					82 Street Address (P.O. Box Number is Not Acceptable)				
	MI FL 33133			83					
- mi/s	MI FE 33103								
				84	City		85 Zip	Code	
Purcuant	to the provisions of Soctions 607.05	02 and 607 1609 Fta	rida Clatulac, the	above		corporation submits this statement for the purpos		ite registered	
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such chi	ange was authoriz	ed by	the corp	poration's board of directors. Thereby accept the	appointment as	; registered	
SIGNATURE	Signature, typed or printed name of registered as	nent and tilk if an ocable	(NOTE Registe	nesi Ape	rit siquature I	required when reinstating] DAT			
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
TITLE				TITLE		D/P	Change	Addition	
NAME			1.2	NAME	l l	WILLIAM J. BIONDI			
STREET ADDRESS			1.3	STREET	ADDRESS	1401 Brickell Ave.			
CITY - ST - ZIP				CITY-S		Miami, FL 33131			
TITLE	<del></del>			TITLE		D/S	Change	X Addition	
NAME			22	NAME		JESSICA BIONDI			
STREET ADDRESS						c/o 1401 Brickell Ave			
CITY-ST-ZIP			•	CHY-S	1	Miami, FL 33131			
TITLE				TITLE			Change	Addition	
NAME			3.2	NAME					
STREET ADDRESS			33	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE				Trille			☐ Change	Addition	
NAME			4, 2	NAME					
STREET ADDRESS			4.3	STREFT	ADDRESS			!	
CITY-ST-ZIP			4.4	CITY-S	1 - ZIP				
TITLE				TITLE			☐ Change	Addition	
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP				chy-s	i				
TITLE		<b>_</b>		TITLE			Change	Addition	
<b>●</b> :			6.2	NAME	)				
STREET ADDRESS					ADORESS				
CITY-ST-ZIP				CITY-S					
14. I do herei	by certify that the information supplie	ed with this filing doe	s not qualify for th	e exe	mplion sta	ated in Section 119.07(3)(i), Florida Statutes. I fur	ther certify that	the	
informatio	on indicated on this annual report or	supplemental annual or the receiver or trust	Freport is true and lee empowered to	l accu	rate and	that my signature shall have the same legal effect eport as required by Chapter 607, Florida Statute	at as if made un	ider oath; that	

3/12/96