

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

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000053877 (2)

1. Corporation Name  
M.J.C. ENTERPRISES, INC.



Principal Place of Business

4815 N.W. 79TH STREET  
SUITE 5  
MIAMI FL 33166

Mailing Address

4815 N.W. 79TH STREET  
SUITE 5  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0678203

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2629 NW 79 AVE

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 MIAMI FL

25 Zip

26 33122

27 Country

28 DADE

29 Zip

30 33122

31 Country

32 DADE

33 Zip

34 33122

35 Country

36 DADE

37 Zip

38 33122

39 Country

40 DADE

41 Zip

42 33122

43 Country

44 DADE

45 Zip

46 33122

47 Country

48 DADE

49 Zip

50 33122

51 Country

52 DADE

53 Zip

54 33122

55 Country

56 DADE

57 Zip

58 33122

59 Country

60 DADE

61 Zip

62 33122

63 Country

64 DADE

65 Zip

66 33122

9. Name and Address of Current Registered Agent

RAMIREZ, JORGE  
4815 N.W. 79TH STREET  
SUITE 5  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

2629 NW 79 AVE

83

84

City MIAMI

FL

85

Zip Code 33122

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 PSD

NAME RAMIREZ, JORGE

STREET ADDRESS 4815 N.W. 79TH STREET, SUITE 5

CITY-ST-ZIP MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

1-30-98

(305) 716 9010

CR2E034 (10/97)