98061999-90007-027-$158.75-$158.75

AMOUNT DUE ON OR BEFORE 09/15/99: $500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $ 30

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 12:36

DOCUMENT # P96000069964

1. Corporation Name

M & J MOBILE SERVICES, INC.

Principal Place of Business	Mailing Address
1421 SW 8TH ST., #2 MIAMI FL 33135	1421 SW 8TH ST., #2 MIAMI FL 33135

8/6/99 90007 027 $158.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1996

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 65-0705673 — 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

7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FEIJOO, JUAN C
19311 NW 8TH STREET
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name

82 Street address P.O. Box Number is Not Acceptable)

83

84 City FL Zip Code

900003053429--2
-11/24/99--01006--022
*****400.00

11. Pursuant to the provisions of sections 607.0302 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FEIJOO, JUAN C		1.2 NAME	
STREET ADDRESS	1690 SW 3 ST. #2		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FEIJOO, LOURDES		2.2 NAME	
STREET ADDRESS	19311 NW 8TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

000003053429--3
-11/24/99--01006--005
*****400.00 *****400.00

CR2E034 (5/99)

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: [signature] PRES. 5/5/99 (954) 431-4283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #