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

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086376

WINDO HADOSTRIES, HAO		
Principal Place of Business	Mailing Address	
9510 W ELM LANE MIRAMAR FL 33025	9510 W ELM LANE Miramar Fl 33025	
		•

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90164 006 ***150.00

 Corporation 	n Name				1		
M.J.C. II	NDUSTRIES, INC.						
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	·						
Principal Place	e of Business	Mailing Address					
9510 W ELM LANE MIRAMAR FL 33025 MIRAMAR FL 33025				DO NOT WRITE IN THIS SPACE			
			-		3. Date Incorporated or Qualifed	N THIS SPACE	
		•			10/18/1996		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
21		26		_	65-0718503		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional Required
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State			& Election Compaign Financing	¢s (00 May Be
23	·	28			6. Election Campaign Financing Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	4	8. This corporation owes the current		
24	25	29 3	0		Personal Property Tax.	☐ Yes_	□No {
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regi	stered Agent	
COR	RDERO, MANUEL J		8	Name			
) W ELM LANE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	AMAR FL 33025		83	-			
			84	L City		85 Z	ip Code
	•			1		FL "	·
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	a of Florida. Such change was auti	horized by	the comoratio	oration submits this statement for the pur n's board of directors. I hereby accept th	e appointment as	registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: R	egistered Age	mt signature required		DATE	-
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Chan	ge
NAME	CORDERO, MANUEL J		1.2 NAME	1			
STREET ADDRESS	9510 W ELM LANE		1.3 STREE	TADDRESS			Į.
CITY-ST-ZIP	MIRAMAR FL 33025			ST-ZIP	.	☐ Chan	ge Addition
TITLE	D	☐ DELETE	2.1 TITLE			□ Chan	ae 🗖 vaginou
NAME	CORDERO, MANUEL E		2.2 NAME				İ
STREET ADDRESS	0010 17 2211 2 312		J	T ADDRESS			· ·
CITY-ST-ZIP	MIRAMAR FL 33025			ST-ZIP		Chan	ge Addition
TITLE NAME	,		3.1 TITLE 3.2 NAME				
				ET ADDRESS			J
STREET ADORESS CITY-ST-ZIP			3.4. CITY-				ļ
TITLE		DELETE	4.1 TITLE	-:	e Messila	Chan	ge 🔲 Addition
NAME			4.2 NAME				ļ
STREET ADDRESS	. ~		4.3 STREE	T ADDRESS]
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	,	☐ DELETE	5.1 TITLE			☐ Chan	ge 🔲 Addition
NAME			5.2 NAME				ļ
STREET ADORESS			1	ET ADDRESS	<i></i>		-
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE		☐ DELETE	6.1 TITLE		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	☐ Chan	ge Addition
NAME		.//	6.2 NAME				
CTDEET ADDRESS	i	/ /	■ 6.3 STREE	T ADDRESS			J

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 feet of flustee impowered 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 any attachine providing and other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: