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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P96000086863 (3)

M. H. GROUP, INC.

Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



8775 SOUTHWEST 56TH PLACE 8775 SOUTHWEST 56TH PLACE COOPER CITY FL 33328 COOPER CITY FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0717185 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 3118 GULF-TO-BAY BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUITE 333 83 **CLEARWATER FL 34619** 84 City 33759 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: typed or preind name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition __ DELETE 1.1 TITLE P/D TITLE HERNANDEZ, ORLANDO 1.2 NAME NAME 8775 SOUTHWEST 56TH PLACE 1.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL 33328 1.4 CITY-ST-ZIP CITY - ST - ZIP **∠** Addition Change DELETE 21 TITLE S/T/D NAME 22 NAME HERNANDEZ, MARY STREET ADDRESS 2.3 STREET ADDRESS 8775 SOUTHWEST 56TH PLACE 2.4 CITY-ST-ZIP COOPER CITY, FL 33328 CXTY-ST-ZIP ___ Addition Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - 7/P CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition DELETE ☐ Change 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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

SIGNATURE:

4-8-98