Applicable

R2E034 (11/98)

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399 MAR -8 PM 12: 27

SECRETARY OF STATE

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PROFIT			
CORPORATION			
ANNUAL REPORT			
1999			



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000094487
1. Corporation Name	1 0000000 1 107

MJB MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address		1105	
1351 NE MIAMI GDNS MIAMI FL 33179 US	1351 NE MIAMI GDNS DR #5 NORTH MIAMI BEACH FL 33179 US		3. Date Incorporated or Qualifed 01/01/1997	ĈE
2. Principal Place of Business 17250 NE 19th Ave Suite Apt. #, etc	2a. Mailing Address 26 17250 NE 19th Suite, Apt #, etc.	Ave.	4. FEI Number 65-0719315	Applied For Not Applicable \$8,75 Additional
City & State NORTH MIAMI BEACH	27 City & State 28 FL 33162		Certificate of Status Desired [] Election Campaign Financing Trust Fund Contribution []	Fee Required \$5.00 May Be Added to Fees
Zip Country 24 33162 [25] FL	21p Co	untry FL	This corporation owes the current year Personal Property Tax	[] Yes X No
9. Name and Address of Cu BORONAT, MARITZA 1351 N.E. MIAMI GARDENS DR., NORTH MIAMI BEACH FL 33179		82 Street Addre	10. Name and Address of New Registe AT, MARITZA ess (P.O. Box Number is Not Acceptable) NE 19th Ave.	Fred Agent
11. Pursuant to the provisions of Sections 607.	0502-ind 607.1508, Florida Statutes, the	NOR!	TH MIAMI BEACH oration submits this statement for the purpos	FL 33162 se of changing its registered

162 changing its registered ilment as registered change was authorized by the corporation's 607,005, Florida Statutes.

SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] DELFTE [] Change [] Addition 11706 TATLE 800002806418-- 8 -03/15/93--01134--016 NAME **BORONAT, MARITZA** 1.2 NAME 1351 N.E. MIAMI GARDENS DR., UNIT 1715-E STREET ADORESS 1.3 STREET ADORESS **NORTH MIAMI BEACH FL 33179** ****150.00 ****150.00 1.4 CiTY- ST- ZiP CITY-ST-ZIP [LOELETE TITLE 217:TLE [] Change XXXXXXXXX SECRETARY NAME 22 NAME LIDIA VICTORIA BORONAT STREET ADDRESS 2.3 STREET ADDRESS 19286 NW 91 Ct CITY-ST-ZIP 2.4 CR1-ST-ZIP Miami Fl. 33018 TITLE [] DELETE 317016 [] Change [] Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 GITY-ST-ZIP [] DELETE [| Change [] Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 City- \$1-70° DELETE [| Change [| Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Fronda 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 change if you an attachings with an address, with all other like empowered.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TILLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

\$TREET ADDRESS

TITLE

NAME

DELETE

345-940-8795