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 # P97000022192 (3)

Country

9. Name and Address of Current Registered Agent

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MLJ INVESTMENTS CORP.

Principal Place of Business 229 NW 86TH ST MIAMI FL 33150

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATUR

Mailing Address

229 NW 86TH ST MIAMI FL 33150

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

3. Date Incorporated or Qualified 03/05/1997

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

JACKSON, MELVIN L		81	Name		
229 NW 86TH ST		82	Street	Address (P.O. Box Number Is Not Acceptable)	
MIAMI FL 33150		83			
		83			
			84 City FL 85 Zip Code		
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 12. OFFICERS AND DIRECTORS 13.			stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1 TITLE		Change Addition	
NAME	LACKOONI NITINGHI I	2 NAME			
STREET ADDRESS	OOO ARM OOTH OT	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAM EL 224EO	4 CITY-S			
TITLE		TITLE	1-21	Change Addition	
NAME		2.2 NAME			
STREET ADDRESS	•	-	ADDRESS		
CITY-ST-ZIP		4 CITY-5			
TITLE		3.1 TITLE		Change Addition	
NAME	3.	2 NAME			
STREET ADDRESS	3.	STREET	ADDRESS		
CITY-ST-ZIP		1. CITY-S			
TITLE		TITLE		Change Addition	
NAME	4.	2 NAME			
STREET ADDRESS	4.	STREET	ADDRESS		
CITY - ST - ZIP	4.	CITY-S	r-zip		
TITLE	☐ DELETE 5.	TITLE		Change Addition	
NAME	5.	NAME			
STREET ADDRESS	5.5	STREET	ADDRESS		
CITY-ST-ZIP	5.	CITY-S	r-ZIP		
TITLE	DELETE 6:	TITLE	Ì	☐ Change ☐ Addition	
NAME	6.	NAME		į	
STREET ADDRESS	6.	STREET	ADDRESS		
CITY-ST-ZIP		CITY-S			
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 somula report or supplemental parties true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an					

Melvin Leny Tackson

Country

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