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 #

1. Corporation Name

P97000037434 (2)

MBA	INTERNATIONAL INVESTM	ENTS INC.			1 11/11 1001 11/10 11/11 11/11 11/11 11/11 11/11 11/11 11/11 11/11 11/11 11/11 11/11
Principal Plac	e of Business	Maiting Address			E OLIAN A da ni dikena ahan aha n k ad i
4699 N FEDERAL HWY STE 204G 4699 N FEDERAL HWY S POMPANO BEACH FL 33064 POMPANO BEACH FL 33				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
				04/25/1997	
2. Principal Place of Business		2e. Mailing Address 26		4. FEI Number 65-0748551	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27		U. Commodic of Clares Deales	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible
	g. Name and Address of Curre	 	1001	10. Name and Address of New Registered	
91 Name					
RICE, WILLIAM L 2441 NE 11 AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33064			OZ SIJEBI AGG	ress (F.O. Box Number is Not Acceptable)	
TOME AND DENOTHE SOUR			83		
į I			84 City		85 Zip Code
			1-1	F	L. I ' I
	to the provisions of Sections 607.05 egistered egent, or both, in the Statum familiar with, and accept the column familiar with, and accept the column familiar with a second familiar	of and 607.1508, Florida Statu of Florida. Such change was galons of, Section 607.0505, F	authorized by the corporational forms and the corporation of the corpo	poration submits this statement for the purpose tion's board of directors. I hereby accept the applications board of directors are described by the purpose to be application of the purpose to be app	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered as	grint and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICE, WILLIAM L		1.2 NAME		
STREET ADDRESS	2441 NE 11 AVE	04	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	POMPANO BEACH FL 330	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	RICE, MICHELLE D	viceit	2.2 NAME		
STREET ADDRESS	2441 NE 11 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 330	64	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		·
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELE te	4,1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME PROCES ADDRESS		· ·	5.2 NAME		ľ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

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 empswered 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 affactment with an appears.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 18 1998 8:00am

Secretary of State