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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000039863 (0)

M J & T ENTERPRISES GROUP CORP.

## FILED Apr 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9837 S.W. 184TH STREET 9837 S.W. 184TH STREET MIAM! FL 33157 MIAM! FL 33157 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/05/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65·0749818 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30, 7 Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PETR. PETER Z FERNANDEZ, PETR & ASSOCIATES, INC. 62 Street Address (P.O. Box Number is Not Acceptable) 1200 N.E. 207TH STREET 83 **MIAMI FL 33179** 84 City 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 Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TATLE 1.1 TITLE FLETCHER, MICHAEL S NAME 1.2 NAME 9837 S.W. 184TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33184 CITY - ST- ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 1/11/6 JACKSON, SEAN M 2.2 NAME 9837 S.W. 184TH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33157 2. 4 CITY - ST - ZIP City-ST-ZIP ☐ DELETE Change Addition TIT1 F 3.1 TOTA NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAM8 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 64 CHY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is fud 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 expolvered 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 attachment with any oddress.

OLONIATURE.

02/28/98

(205) 15-4146

CR2E034 (10/97