SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S40746** **(7)**

1. Corporation Name
MTID, INC.

Principal Place of Business	Mailing Address
5005 COLLINS AVE. PENTHOUSE 1 MIAMI BEACH FL 33140	5005 COLLINS AVE. PENTHOUSE 1 MIAMI BEACH FL 33140

2. Principal Place of Business:	2a. Mailing Address
21 710 N.E. 72nd Terrace	26 710 N.E. 72nd Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL	28 City & State: MIAMI, FL
24 Zip: 33138 25 Country: USA	29 Zip: 33138 30 Country: USA

3. Date Incorporated or Qualified: 03/26/1991
3a. Date of Last Report: 06/16/1995
4. FEI Number: 13-3236861 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. Corporation has liability for intangible tax under s. 199.032, Fla. Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

ZARETSKY, LOUIS
5601 COLLINS AVENUE
SUITE M-100
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: ZARETSKY, LOUIS
82 Street Address (P.O. Box Number is Not Acceptable): 555 NE 15th STREET
83 SUITE 100
84 City: MIAMI FL 85 Zip Code: 33132

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: LOUIS ZARETSKY ESQ — 11 JUNE '96
Signature, typed or printed, of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MOFFAT, RONALD C.		1.2 NAME	
STREET ADDRESS	5005 COLLINS AVE		1.3 STREET ADDRESS	710 N.E. 72nd TERRACE
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	SD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	TRUESDELL, MARK		2.2 NAME	
STREET ADDRESS	5005 COLLINS AVE		2.3 STREET ADDRESS	710 N.E. 72nd Terrace
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald C. Moffat — RONALD C. MOFFAT — 11 JUNE '96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 305-756-7117