

**FILE NOW: FILING FEE AFTER MAY 1 IS**

**\$25.00**

FLORIDA  
APRIL 1, 1995

**1995**



FLORIDA DEPARTMENT OF STATE  
GENERAL BUSINESS  
DIVISION  
REGISTRATION  
AND REPORTING  
SECTION

**APPROVED  
AND  
FILED**

APRIL 1, 1995

**DOCUMENT # S45218**

**(2)**

M.B. FINANCIAL SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15482 SW 42 LANE  
MIAMI FL 33185  
US

15482 SW 42 LANE  
MIAMI FL 33185  
US

PRINTED, WHITE, 7 1/2 INCHES, SPACE

3. Date of Incorporation or Qualification      38. Date of Last Report  
**04/15/1991**      **05/01/1994**

2. Registered Office Address	28. Mailing Address	4. EIN Number	Applied For Not Applicable
21. <input type="checkbox"/> State, Apt. # etc.	26. <input type="checkbox"/> State, Apt. # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. <input type="checkbox"/> Country	28. <input type="checkbox"/> Country	7. This corporation has liability for intangible tax under § 100.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

BLANCO, MYRIAM  
15482 SW 42 LANE  
MIAMI FL 33185

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

**10. Name and Address of New Registered Agent**

11. Pursuant to the provisions of Section 150.06, 150.07 and 150.08, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both, as provided by Florida Statute. Such change was authorized by the corporation's board of directors. I hereby warrant the appointment as registered agent. I am familiar with and accept the obligations of this form, 04/05/95, Florida Statutes.

**SIGNATURE**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any changes have been made, attach separate sheet)		
Officer	D NAME ADDRESS TITLE	OFFICE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Officer	D BLANCO, MYRIAM 15482 SW 42 LANE MIAMI FL	1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP		
Officer		4. NAME 5. STREET ADDRESS 6. CITY, ST, ZIP		
Officer		7. NAME 8. STREET ADDRESS 9. CITY, ST, ZIP		
Officer		10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP		
Officer		13. NAME 14. STREET ADDRESS 15. CITY, ST, ZIP		
Officer		16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP		
Officer		19. NAME 20. STREET ADDRESS 21. CITY, ST, ZIP		
Officer		22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP		
Officer		25. NAME 26. STREET ADDRESS 27. CITY, ST, ZIP		
Officer		28. NAME 29. STREET ADDRESS 30. CITY, ST, ZIP		

14. I declare, under penalty of perjury, that the information supplied with the filing is completely true and does not qualify for the exemption stated in Section 150.07(8), Florida Statutes. I further certify that the information reflected on this annual report or supplemental annual report is true and accurate and that my signature will have the same legal effect as a handwritten signature. Both officers, director or agent of the corporation or the receiver or trustee compensated to execute this report as required by Chapter 040, Florida Statutes, and that my name appears on the title block of this form and on any attachment with an address.

**SIGNATURE:**

SIGNATORIUM/TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (305) 777-5574  
FAX: (305) 777-5574