## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	V21037
4 Comparation Name		

(9)

M.H. U.S., INC.

Principal Place	of Business
2020 NE 163	STREET

Mailino Address



		2a. Mailing Address 26 Suite, Apt. #, etc.	SUITE 300 NORTH MIAMI BEACH FL 33162 I. Mailing Address Suite, Apt. #, etc.			3. Date Incorporated or Qualified   03/13/1992		
23	0	28	T 667			Trust Fund Contribution	utopoible to	Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	30 Cour	iuy		8. This corporation has liability for i		x urider 5 199.032,
IJ	9. Name and Address of Currer		[55]			10. Name and Address of New R	egistered .	Agent
				81	Name			·
FRIEDM	an, Kenneth a esq			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	163RD STREET							
SUITE 3				83				
NO MIA	MI BEACH FL 33162		<u> </u>	84	City			85 Zip Code
			1			ration submits this statement for the pur	FL	. I I
familiar wit	h, and accept the obligations of, Sec Signature, typed or printed name of registered age:	tion 607.0505, Florida Statutes	S. SIL Registered			and of directors. Thereby accept the appointmental and the appoint	[MIE	
12.		ID DIRECTORS	13.		· · - · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF		Change Addition
1016	D	☐} DELETE	1 1 1				L	
NAME	HARTMAN, LAWRENCE I.	••	1.2 NA		4000( C			
STREET ADDRESS	2020 NE 163RD STREET#3	90			ADDRESS TVO			
CITY - ST - ZIP	NO MIAMI BEACH FL	DELETE	1.4 CI 2 1 TI		-zir		r	Change Addition
NAME			22 NA				,	
STREET ADDRESS			B B		ADDRESS			
CITY-ST-Z:P			2401					
111LE		DELETE	3 1 1		-=		[	Change Addition
NAME			3 2 NA	AME				
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CITY-ST-ZIP			3 4 CI	TY · S³	- 712	00000176 -04/01/96010	131U	פֿוֹים
TITLE		[] DELFIE	4 1 Ti	TLE		***200.00		Change Addition
NAME			4.2 NA	ME				
STREET ADDRESS			4381	REET.	ADDRESS			
CITY - ST - ZIP			4.4 CI	1Y-\$1	- ZIP			

6.4 CITY - \$1 - ZIP CITY-ST-ZIP 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 combination or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.

5 1 TALLE

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 C/TY - ST - ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY - S1 - 719

STREET ADDRESS

VICE PRESIDENT

DELETE

DELETE

Addition

Addition

☐ Change

Change