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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V35204

M. NEIGHBORHOOD INVESTMENT CORPORATION

	<u> </u>	
Principal Place of Business	Mailing Address	
1877 NW 57 ST MIAMI FL 33142	1877 NW 57 ST MIAMI FL 33142	

FILED Mar 11, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/11/1992 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0337249 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Zip Country Zip Country 8. This corporation owes the current year Intangible Yes □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JONES SYLVIA Street Address (P.O. Box Number is Not Acceptable) 82 1877 N.W. 57TH ST. MIAMI FL 33142 83 Zip Code 84 City 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 a	m familiar with, and accept the obligations of	of, Section 607.0505, Flori	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and titl	e if applicable (NOTE:	Registered Agent signature required	d when reinstating)	DATE	
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	MOSS, ANTHONY A.		12 NAME			
STREET ADDRESS;	AATT ADAL OF AT		1.3 STREET ADDRESS		• •	
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP		· _ ·	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	MOSS, CASSANDRA		2.2 NAME		•	
STREET ADDRESS			2.3 STREET ADDRESS			,
CITY-ST-ZIP	MIAMI FL 33142		2.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE	3.1 TITLE		Change	☐ Addition
NÀME	MOSS, JOSEPHINE		3.2 NAME			
STREET ADDRESS	100 100 CD OT		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP			
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
***** <u>-</u>	JONES, SYLVIA		4. 2 NAME	•		
== ADDRESS	1877 NW 57 ST		4 3 STREET ADDRESS			
··· ST-ZIP	MIAMI FL 33142		4.4 CITY-ST-ZIP		<u>. </u>	
		☐ DELETE	5.1 TITLE		Change	☐ Addition
_			5.2 NAME	•	,	
··· (ADDRESS			5.3 STREET ADORESS			
ST-ZIP			5.4 CITY-ST-ZIP			
		☐ DELETE	6.1 TITLE		Change	Addition
			6.2 NAME			
··· ADDRESS			6.3 STREET ADDRESS			
	\		64 CITY, ST-ZIP			

. I hereby certify that the information supplied with this filling 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 empowered 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 an address, with all other like empowered

MATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF