

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # S24594

(1)

1. Corporation Name
MRT CORP.



Principal Place of Business
**9961 E. BROADVIEW DRIVE
BAY HARBOUR ISLAND FL 33154**

Mailing Address
**9961 E. BROADVIEW DRIVE
BAY HARBOUR ISLAND FL 33154-1118**

3. Date Incorporated or Qualified
12/28/1990

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0251075

Applied For
☐ Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES R. SLOTO
200 S. BISCAYNE BLVD.
STE. 2350
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. 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 of person providing change, to be provided if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **P. SLOTO, HOWARD** ☐ DELETE
2. STREET ADDRESS: **9961 E BROADVIEW DR**
3. CITY, ST, ZIP: **BAY HARBOR ISL FL**
4. NAME: ☐ DELETE
5. STREET ADDRESS: ☐ DELETE
6. CITY, ST, ZIP: ☐ DELETE
7. NAME: ☐ DELETE
8. STREET ADDRESS: ☐ DELETE
9. CITY, ST, ZIP: ☐ DELETE
10. NAME: ☐ DELETE
11. STREET ADDRESS: ☐ DELETE
12. CITY, ST, ZIP: ☐ DELETE

1.1 TITLE: ☐ Change ☐ Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:
2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:
3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:
4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:
5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:
6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: *Howard Sloto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97
Date

305-861-0003
Daytime Phone #

CR2E034 (9/96)