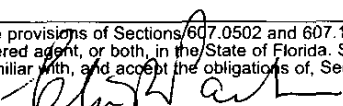


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

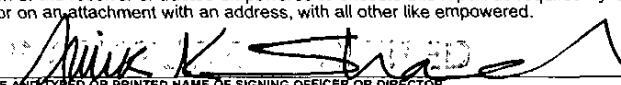
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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F09495					
1. Corporation Name MACHO PRODUCTS, INC.					
Principal Place of Business 10045-102ND TERRACE SEBASTIAN FL 32958			Mailing Address 10045-102ND TERRACE SEBASTIAN FL 32958		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2069844	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent MELNICK, GAIL 10045 102ND TERRACE SEBASTIAN FL 32958			10. Name and Address of New Registered Agent		
			81	Name Clive Parker	
			82	Street Address (P.O. Box Number is Not Acceptable) 10045 102nd Terrace	
			83		
			84	City Sebastian	85 Zip Code FL 32958
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  CLIVE R PARKER TREASURER 1/4/99 Signature, typed or printed name 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	VD	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	ABLEMAN, MICHAEL R.		1.2 NAME	Clive Parker	
STREET ADDRESS	11155 ROSELAND ROAD		1.3 STREET ADDRESS	11155 Roseland Road	
CITY-ST-ZIP	SEBASTIAN FL		1.4 CITY-ST-ZIP	Sebastian FL 32958	
TITLE	DC	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHADAB, AMIR K.		2.2 NAME		
STREET ADDRESS	PO BOX 3697 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		2.4 CITY-ST-ZIP		
TITLE	DCP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHADAB, AMIR K.		3.2 NAME		
STREET ADDRESS	P.O. BOX 3697 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARIOTI, BRUNO		4.2 NAME		
STREET ADDRESS	4238 EMBASSY PARK DRIVE, NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20016		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SORANNO, MARIA		5.2 NAME		
STREET ADDRESS	9101 SHORE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY		5.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MELNICK, GAIL		6.2 NAME		
STREET ADDRESS	11156 HOTCHKISS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 561-388-9892

Date Daytime Phone #

CR2E034 (11/98)