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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	Mailing Address
10045-102ND TERRACE SEBASTIAN FL 32958	10045-102ND TERRACE SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1980

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-2069844 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

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 **FL** 85 Zip Code: 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: [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		

CR2E034 (11/98)

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] 1-4-99 561-388-9892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #