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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H63980

(7)

1. Corporation Name
MAFAC, INC.



Principal Place of Business

% KATZ, BARRON, SQUITERO, LINDEN & FAUST
2699 S. BAYSHORE DR., 7TH FLOOR
MIAMI FL 33133

Mailing Address

% KATZ, BARRON, SQUITERO, LINDEN & FAUST
2699 S. BAYSHORE DR., 7TH FLOOR
MIAMI FL 33133-5406

3. Date Incorporated or Qualified
06/26/1985

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE
SUITE 700-A
MIAMI FL 33133

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 officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	KATZ, MICHAEL D.	
STREET ADDRESS	2699 S BAYSHORE DR #700A	
CITY-ST-ZIP	MIAMI FL	
TITLE	DSV	☐ DELETE
NAME	SQUITERO, JOHN R.	
STREET ADDRESS	2699 S BAYSHORE DR #700A	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	FAUST, MARC L	
STREET ADDRESS	2699 S. BAYSHORE DR, 7TH FL	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	AS	☐ DELETE
NAME	CORPCO, INC.	
STREET ADDRESS	2699 S. BAYSHORE DR, #700A	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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***165.00

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: Michael D. Katz, Pres. 4/8/97 (305) 856-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)