

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

**FILED**

**Mar 20 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 # P94000044464 (3)**

1. Corporation Name  
**MAYFIELD DEVELOPMENT CORPORATION**



Principal Place of Business Mailing Address  
**25 SE 201 AVE STE 1235 MIAMI FL 33131 US**

3. Date Incorporated or Qualified **06/14/1994** 3a. Date of Last Report **07/05/1996**  
4. FEI Number **65-0498057** Applied For Not Applicable  
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTOS, MAVRO C  
25 S.E. 201 AVE SUITE 1235  
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D FIGUEIRA, ATHOS DUBOC 3431 N.E. 210 ST. N. MIAMI BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D FIGUEIRA, MARIA E 3431 N.E. 210 ST. N. MIAMI BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D FIGUEIRA, MARCOS DUBOC GRANJ MIRAMAR, MACAO RIO DE JANEIRO, BRAZIL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D FIGUEIRA, LUIZ F RUA M. SALGADO FL. 57, MACAO RIO DE JANEIRO, BRAZIL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ATHOS DUBOC**

Date

Day/Month/Year

CR2E034 (9/96)