

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

**FILED**

**Feb 17 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: **25 SE 201 AVE STE 1235 MIAMI FL 33131 US**  
Mailing Address: **25 SE 201 AVE STE 1235 MIAMI FL 33131 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **06/14/1994**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SANTOS, MAVRO C  
25 S.E. 201 AVE SUITE 1235  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name: **SANTOS, MAURO C.**  
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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIGUEIRA, ATHOS DUBOC</b>	
STREET ADDRESS	<b>3431 N.E. 210 ST.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIGUEIRA, MARIA E</b>	
STREET ADDRESS	<b>3431 N.E. 210 ST.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIGUEIRA, MARCOS DUBOC</b>	
STREET ADDRESS	<b>GRANJ MIRAMAR, MACAO</b>	
CITY-ST-ZIP	<b>RIO DE JANEIRO, BRAZIL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIGUEIRA, LUIZ F</b>	
STREET ADDRESS	<b>RUA M. SALGADO FL. 57, MACAO</b>	
CITY-ST-ZIP	<b>RIO DE JANEIRO, BRAZIL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>GRANJA MIRAMAR, MACAE</b>
3.4 CITY-ST-ZIP	<b>E. RIO DE JANEIRO, BRAZIL. 27343 250</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>FIGUEIRA, LUIZ F. DUBOC</b>
4.4 CITY-ST-ZIP	<b>RUA M. SALGADO FL. 47, MACAE</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

SIGNATURE: **ATHOS DUBOC FIGUEIRA** 01-22-98 371-5352

CR2E034 (10/97)