

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000002253**

1. Corporation Name

**MARACAY TRADING COMPANY**

Principal Place of Business: **16345 W. Dixie Hwy. Suite 163 North Miami Beach, FL 33160**  
Mailing Address: **same as principal Address.**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01-10-95		N/A	
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0544322		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		5.00 May Be Added to Fees	
24		29		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
Zip		Zip		Country		Country	
25		30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

Corporate Creations  
401 Ocean Drive  
Suite 312 - Door Code #125  
Miami Beach, FL 33139-6629

81 Name	<b>Federico M. Macia, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>848 Brickell Avenue</b>
83	<b>Suite 601</b>
84 City	<b>Miami</b>
85 Zip Code	<b>FL 33131</b>

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: **Federico M. Macia, Esq.**

*Federico M. Macia*

4-25-96

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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose A. Perez-Barciela	1.2 NAME	
STREET ADDRESS	16345 W. Dixie Hwy, Ste. #163	1.3 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, FL 33160	1.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose A. Perez-Barciela	2.2 NAME	
STREET ADDRESS	16345 W. Dixie Hwy, Ste. #163	2.3 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, FL 33160	2.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose A. Perez-Barciela	3.2 NAME	
STREET ADDRESS	16345 W. Dixie Hwy, Ste. #163	3.3 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, FL 33160	3.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karela Rodriguez	4.2 NAME	
STREET ADDRESS	16345 W. Dixie Hwy, Ste. #163	4.3 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, FL 33160	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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\*\*\*200.00

*S. J. ...*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X** *[Signature]* - **Jose A. Perez-Barciela** 4-25-96 305-949-1689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)