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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
Division of Corporations

1996

P95000092265 (4)

DOCUMENT # 1. Corporation Name MAZE, INC.

Principal	Place	to	Business	
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Mailing Address



6352 LAKE 1						
	PATRICIA DRIVE S FL 33014-3079	6352 LAKE PATRICH MIAMI LAKES FL 33				
					12/05/1995	Date of Last Report
	iace of Business	2a. Mail-ng Address			4. FEI Number	Applied For
Suite, Apt.	# ote	26			65-0622625	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State 23		City & State			Election Campaign Financing     Trust Fund Contribution	Added to Fees
Zφ <b>24</b>	Country 25	Zip <b>29</b>	30 Cour	ntry	8. This corporation has liability for intan- Florida Statutes  Yes	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	tered Agent
0100				81 Name		
	s, alberto r Ake patricia drive		•	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI L	AKES FL 33014-3079		ļ	83		
			-	84 City		FL 85 Zip Code
or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section	ia. Such change was autho	orized by the c	/e-named corpo orporation's boa	oration submits this statement for the purpose and of directors. I hereby accept the appointm	of changing its registered offici ent as registered agent. I am
SIGNATURE	Signature, typed or printed provincing sound agent a	B. Sam	A OTI Desiglated	Agent signature require	2/15	1/96
12.	OFFICERS AND		13.	sgent signature requiri	ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
TILLE	PDST	DELETE	1 1 TI	LE		Change Addition
NAME	GARCES, ALBERTO R		12 NA	ME		<del></del>
STHEET ADDRESS	6352 LAKE PATRICIA DRIVE		1.3 ST	REET ADDRESS		
City St. Zif	6352 LAKE PATRICIA DRIVE MIAMI LAKES FL 33014-3079		14 617	Y-ST-ZIP		
City St. Zif.		DELETE	14 CIT 2 1 TII	Y-ST-ZIP LE		☐ Change ☐ Addition
City St. Zif: Till E NAMC		DELETE	1 4 Cit 2 1 Til 2 2 NA	Y-ST-ZIP LE ME		☐ Change ☐ Addition
O(TY+ST-ZIF) TILLE NAME STHEET ADDRESS		☐ DELETE	1 4 Cit 2 1 Til 2 2 NA 2 3 STI	Y-ST-ZIP LE ME REET ADDRESS		Change Addition
CHY+ST-ZIF NAME STHEFT ADDRESS CHY+ST-ZIP			1 4 GiT 2 1 Till 2 2 NA 2 3 STI 2 4 CiT	Y-ST-ZIP  LE  ME  REET ADDRESS Y-ST-ZIP		
City-S1 ZiF THLE NAME STREET ADDRESS CRY-S1-ZIP THLE		DELETE	1 4 Cit 2 1 Til 2 2 NA 2 3 STI 2 4 Cit 3 1 Til	Y-ST-ZIP  LE  ME REET ADDRESS Y-ST-ZIP  LE		Change Addition
City - ST - ZIF THE NAME STHEFT ADDRESS CRIY - ST - ZIP THEF NAME			1 4 CiT 2 1 Til 2 2 NA 2 3 STI 2 4 CiT 3 1 Til 3 2 NA	Y-ST-ZIP  LE  ME REET ADDRESS Y-ST-ZIP  LE		
City ST ZIF THLE NAME STHEFT ADDRESS CHY-ST-ZIP THEF NAME STREET ADDRESS			1 4 CiT 2 1 Til 2 2 NA 2 3 Sti 2 4 CiT 3 1 Til 3 2 NA 3 3 ST	Y-ST-ZIP  LE  ME  REET ADDRESS Y-ST-ZIP  LE  ME		
City ST ZIP  THE REPORT OF THE			1 4 CiT 2 1 Til 2 2 NA 2 3 Sti 2 4 CiT 3 1 Til 3 2 NA 3 3 ST	Y-ST-ZIP  LE  ME REET ADDRESS Y-ST-ZIP  LE  MF REET ADDRESS Y-ST-ZIP		
COLY- ST. ZUF  THE F NAME  STHEFF ADDRESS CHEY- ST-ZIP THEFF NAME STREET ADDRESS CHEY ST. ZIP THEFF THEFF THEFF THEFF THEFF THEFF THEFF THEFF THEFF		☐ DELETE	1 4 G IT II 2 1 T II 2 2 NA 2 3 S II 2 4 C IT 3 1 T II 3 2 NA 3 3 S I 3 4 C II 3 4 C II	Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE MF REET ADDRESS Y-ST-ZIP LE LE LE MF REET ADDRESS Y-ST-ZIP LE		Change Addition
CITY ST ZUF THE F NAME STHEFF ADDRESS CHY-ST-ZIP THEF NAME STHEFF ADDRESS CHY-ST-ZIP THEF NAME		☐ DELETE	1 4 C IT 2 1 T II 2 2 NA 2 3 S II 2 4 C IT 3 1 T II 3 2 NA 3 3 S IT 3 4 C IT 4 1 T II 4 2 NA	Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE MF REET ADDRESS Y-ST-ZIP LE LE LE MF REET ADDRESS Y-ST-ZIP LE		Change Addition
CITY-ST-ZIF  THE STHEEF ADDRESS CHY-ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZIP THEF NAME STREET ADDRESS C-LY-ST-ZIP C-LY-ST-ZIP		DELETE	1 4 C IT 2 1 T II 2 2 NA 2 3 S II 2 4 C IT 3 1 T II 3 2 NA 3 3 S IT 3 4 C IT 4 1 T II 4 2 NA 4 3 S IF 4 4 C II	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS		Change Addition
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CITY-ST-ZIF  THE F ADDRESS CHY-ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZIP THEF NAME STREET ADDRESS C-TY-ST-ZIP THEF NAME		DELETE	1 4 GIT 2 1 TII 2 2 NA 2 3 SII 2 4 CIT 3 1 TII 3 2 NA 3 3 STI 4 1 TII 4 2 NA 4 3 STI 4 4 CIT 5 1 TII 5 2 NA	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE MF REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		Change Addition
CITY ST ZUF THE RAMM STHEEF ADDRESS CHY ST ZUP THE RAMME STREEF ADDRESS CHY ST ZUP THE RAMME STREEF ADDRESS C TY-ST ZUP THE RAMME STREEF ADDRESS C TY-ST ZUP		DELETE	1 4 GIT 2 1 TII 2 2 NA 2 3 SII 3 4 GIT 3 1 TII 3 2 NA 3 3 SII 4 1 TII 4 2 NA 4 3 SII 4 4 GIT 5 1 TII 5 2 NA 5 3 SII	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE MF REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS WE REET ADDRESS		Change Addition
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City ST ZIF THE NAMC STREET ADDRESS CRYST-ZIP THE NAME STREET ADDRESS CITY ST ZIP THE NAME STREET ADDRESS CITY ST ZIP THE NAME STREET ADDRESS CHY ST ZIP THE NAME		DELETE	1 4 GIT 2 1 TII 2 2 NA 2 3 SII 3 4 GIT 4 1 TII 4 2 NA 4 3 STI 4 4 GIT 5 1 TII 5 2 NA 5 3 STI 5 4 GIT 6 1 TII 6 1 TII	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE MF REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		Change Addition
NAME STREET ADDRESS CITY STORY THE NAME STREET ADDRESS CITY-STORY THE NAME STREET ADDRESS CHY STORY THE NAME		DELETE	1 4 GIT 2 1 TII 2 2 NA 2 3 SII 3 1 TII 3 2 NA 3 3 SII 4 1 TII 4 2 NA 4 3 SII 4 4 CII 5 1 TII 5 2 NAI 5 4 CII 6 1 TII 6 2 NAI	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME ME REET ADDRESS ME ME REET ADDRESS ME		Change Addition  Change Addition  Change Addition
COTY-ST-ZIP TOTAL NAME STREET ADDRESS COTY-ST-ZIP TOTAL NAME STREET ADDRESS C-TY-ST-ZIP TOTAL TOTAL TOTAL		DELETE	1 4 CIT 2 1 TII 2 2 NA 2 3 STI 2 4 CIT 3 1 TII 3 2 NA 3 3 ST 4 1 TII 4 2 NA 4 3 STI 5 2 NA 5 3 STI 6 1 TII 6 2 NA 6 3 STI	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE MF REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		Change Addition  Change Addition  Change Addition

carry that the information indicated on this armost 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:

NATURE AND TYPED OR PRINTED NAME OF STUTING OFFICER OR DIRECTOR

2/15/96 (305) 828-9123
Date Date Prono