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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600030265 (8) FEDERICO A. MACIA. P.A. Principal Place of Business Mailing Address 452 FAIRMONT LN 452 FAIRMONT LN FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 65-0667710 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 湯香 報 湯 きったい Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name おの理様が見続きなった MACIA, FEDERICO A **452 FAIRMONT LN** 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33326 83 84 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, typind or printed name of registered agent and title if upplicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE MACIA, FEDERICO A NAME 1.2 NAME 452 FAIRMONT LN STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Addition TITLE NAME 6 2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP 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 arguress.

SIGNATURE:

Maan

(954) 384-8084

**FILED** 

Apr 09 1998 8:00am

Secretary of State

Applied For

Not Applicable