FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 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 # **P96000056227 (7)**

1. Corporation Name
M & AAA CORPORATION

Principal Place of Business	Mailing Address
5754 CORAL WAY MIAMI FL 33155	5754 CORAL WAY MIAMI FL 33155-2202

3. Date Incorporated or Qualified: 07/02/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 6760 N.W. 37 Av e.
Suite, Apt. #, etc. 22:
City & State 23: Miami, Florida
Zip 24: 33147 Country 25: Dade

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

4. FEI Number: 65-0678874 ☐ 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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Aaèxis Batista
82 Street Address (P.O. Box Number is Not Acceptable): 5754 Coral Way
83: Miami,
84 City: Miami **FL** 85 Zip Code: 33155

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: Alexis Batista -President — DATE: Appil 15/1907
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BATISTA, ALEXIS		1.2 NAME	
STREET ADDRESS	5754 CORAL WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BASTISTA, MIRTHA D		2.2 NAME	
STREET ADDRESS	5754 CORAL WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BATISTA, ALEXIS JR.		3.2 NAME	
STREET ADDRESS	5754 CORAL WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BATISTA, ALEJANDRO		4.2 NAME	
STREET ADDRESS	5754 CORAL WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	000002172910
STREET ADDRESS			5.3 STREET ADDRESS	-05/09/97--01067--007
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***8.75
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	400002172904
STREET ADDRESS			6.3 STREET ADDRESS	-05/09/97--01067--006
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

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: SIGNATURE REQUIRED — APRIL 15/97 — 305-856-0091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0211615