ROFIT PORATION AL REPORT

SIGNATURE:



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FLORIDA DEPARTMENT OF STATE
Sandra B. Hortham

Secretary of State
DIVISION OF CORPORATIONS

COMPONENT # P96000091609 (3)

MACA CONSTRUCTION CORP.

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FILED May 06 1997 8:00am Secretary of State



Principal Place of	Business	Mailing Address		i faatiaat sin tank ann aan aan	3 Mäilä imiäi iläin äiiri au	110 1011 (001
C/O MAURICIO CA 1211 SW 139TH A' MIAMI FL 33131		C/O MAURICIO CAYON 1211 SW 139TH AVENUE MIAMI FL 33184-2775				
MINIMI PL 33131		MICHIEL DE GOLDA ELLA		3. Date Incorporated or Qualified 11/07/1996	3a. Date of Last f	Report
Principal Place	of Business	2a. Mailing Address		4. FEI Number		pplied For
	3 139 AVE		9 bue	1 65-073400	~\	ot Applicable
Suite, Apt #, e	rtc.	Suite, Apt. #, etc.	16-1			Additional
MIGHIC	Fla. Sough	27 MIAMI	F19.	5. Certificate of Status Desired	Fee P	Required
City & State		City & State	420	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		s. 199.032,
3318	$\frac{1}{25}U, S, \Delta$		0		Yes No	
	. Name and Address of Currer	it Registered Agent	81 Name i	10. Name and Address of New Re	gistered Agent	<u></u>
	N, PEDRO A ESQ.		81 Name	AURICE CLAYON		
	W 139TH AVENUE FL 33131		1211	ress (P.O. Box Number is Not Acceptate	ile)	
			83 MiA	ani ====================================	<i>b</i> .	
:			84 City	77/4	RE Zin	Code 4
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\ /	he provisions of Sections 697,050 streed ligent, or both, in the state amiling both and accept the oblig	not 607.1508, Florida Statules not Florida. Such change was au lations of, Section 607.0505, Flori	i, the above-named cor thorized by the corpora da Statutes.	poration submits this statement for the patients board of directors. I hereby acce	pt the appointment a	s registered
IGNATUR E Sign	afure lyped or printed harrie of registration		Registered Agent signature requ		DATE	
2.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
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City-St-ZiP			6.4 - ST - ZVP			<u>, </u>
STREET ADDRESS CITY-ST-ZIP	certify that the information suppliced the control of the control	ed with this filing does not qualify supplemental annual report is tru or the receiver of trustee empowe or on an attribute and with an addr	6.3 EET ADDRESS 6.4 - ST - ZIP FOR IN EXEMPLE ADDRESS	blc Department 165 of the ded in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	es. I further certify the al effect as if made u	at the under oa