

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

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Jan 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **S47659** (5)  
1. Corporation Name  
**MAYORI CORPORATION**

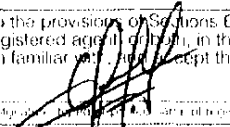


Principal Place of Business: **5700 SW 127TH AVENUE #1304 MIAMI FL 33183**  
Mailing Address: **5700 SW 127TH AVENUE #1304 MIAMI FL 33183-1441**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>11865 SW 26 ST</b>		26 <b>11865 SW 26 ST</b>		<b>04/24/1991</b>	<b>03/12/1996</b>
22 <b>B-12</b>		27 <b>B-12</b>		4. FEI Number	Applied For
23 <b>MIAMI, Florida</b>		28 <b>MIAMI, Florida</b>		<b>65-0260077</b>	Not Applicable
24 <b>33175</b>		29 <b>33175</b>		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25 <b>USA</b>		30 <b>USA</b>		<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
26 <b>USA</b>		31 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
27 <b>USA</b>		32 <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CARVAJAL, ORLANDO</b>				81 Name <b>ORLANDO CARVAJAL, JR</b>			
<b>5700 SW 127TH AVENUE</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>8870 SW 130 CT</b>			
<b>#1304</b>				83			
<b>MIAMI FL 33183</b>				84 City <b>MIAMI</b>			
				85 Zip Code <b>FL 33186</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, on behalf, 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:  **ORLANDO CARVAJAL, JR (PRESIDENT)** DATE: **01/10/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVAJAL, ORLANDO</b>	1.2 NAME	<b>ORLANDO CARVAJAL, JR</b>
STREET ADDRESS	<b>5700 SW 127 AVE.</b>	1.3 STREET ADDRESS	<b>8870 SW 130 CT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, Florida 33186</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVAJAL, ORLANDO JR.</b>	2.2 NAME	<b>OMAR CAVALIERI</b>
STREET ADDRESS	<b>5700 SW 127 AVE.</b>	2.3 STREET ADDRESS	<b>16162 SW 73 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33193</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVAJAL, MARIA</b>	3.2 NAME	<b>JUANITA CAVALIERI</b>
STREET ADDRESS	<b>5700 SW 127 AVE.</b>	3.3 STREET ADDRESS	<b>16162 SW 73 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33193</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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 trustee 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:  DATE: **01/07/97** DAYTIME PHONE #: **305-227-9300**

CR2E034 (9/96)