

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra W. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 MAR 19 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V30987** (4)

1. Corporation Name
MAFA ENTERPRISE CORP.

Principal Place of Business
12920 SW 81ST STREET MIAMI FL 33183

Mailing Address
12920 SW 81ST STREET MIAMI FL 33183



2. Principal Place of Business
21 **c/o Pavia & Harcourt**
Suite, Apt. #, etc.
22 **600 Madison Ave., 12th Fl.**
City & State
23 **New York, NY**
Zip Country
24 **10022** 25 **New York**

2a. Mailing Address
26 **c/o Pavia & Harcourt**
Suite, Apt. #, etc.
27 **600 Madison Ave., 12th Fl.**
City & State
28 **New York, NY**
Zip Country
29 **10022** 30 **New York**

3. Date Incorporated or Qualified **04/23/1992**

3a. Date of Last Report **04/10/1995**

4. FEI Number **65-0400357** 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

g. Name and Address of Current Registered Agent

**MANN, EUGENE L
12920 SW 81 STREET
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name
The Prentice-Hall Corporation System, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City
Tallahassee FL 85 Zip Code
32301

11. Pursuant to the provisions of Sections 607.0103 and 607.1503, 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 s. 607.0105, Florida Statutes.

SIGNATURE *Marcia Hamer, Assistant Secretary* DATE **3-19-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANN, EUGENE L	
STREET ADDRESS	12920 SW 81 STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIDLE, JAN	
STREET ADDRESS	12920 SW 81 STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alberto G. Corti	
STREET ADDRESS	Via Al Ponte 9	
CITY-STATE-ZIP	6900 Massagno, SWITZERLAND	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George M. Pavia	
STREET ADDRESS	600 Madison Ave., 12th Fl.	
CITY-STATE-ZIP	New York, NY 10022	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Massa	
STREET ADDRESS	600 Madison Ave., 12th Fl.	
CITY-STATE-ZIP	New York, NY 10022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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-03/19/96-04
****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attached and with an address.

SIGNATURE: *George M. Pavia* Secretary 2/24/96 (212) 480-3500

CR2E034 (12/95)

SD
S/PA/96