

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V45552** (9)

1. Corporation Name:
MAPI USA, INC.

Principal Place of Business: **7730 SW 68 TERRACE MIAMI FL 33143**
Mailing Address: **7730 SW 68 TERRACE MIAMI FL 33143**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified: 06/18/1992	3a. Date of Last Report: 08/08/1994
4. FID Number: 65-0409407	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Finance Act: <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability but does not have a liability policy: <input checked="" type="checkbox"/> No	

2. Principal Place of Business: 21	2a. Mailing Address: 26
Scale: App # of: 22	Scale: App # of: 27
City & State: 23	City & State: 28
Zip: 24	Zip: 29
County: 25	County: 30

9. Name and Address of Current Registered Agent: BALLESTAS, ACHILLES 7730 S W 68 TERRACE MIAMI FL 33143	10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number or Not Applicable): 83 84 City: FL 85 Zip Code:
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11. I, the undersigned, do hereby certify that the above information is true and correct under the laws of the State of Florida. I hereby accept the appointment as registered agent for the corporation named herein and I agree to accept the responsibility for the corporation's compliance with the laws of the State of Florida. I hereby accept the appointment as registered agent for the corporation named herein and I agree to accept the responsibility for the corporation's compliance with the laws of the State of Florida.

SIGNATURE: *Sandra B. Mathum* DATE: **5-12-95**

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS
NAME: PD GIANCARO MANGONO	
STREET ADDRESS: 1471 SW 120 TERR DAVIE FL 33325	
CITY: DAVIE	
STATE: FL	
ZIP: 33325	
NAME: PD GIANCARO MANGONO	
STREET ADDRESS: 1471 SW 120 TERR DAVIE FL 33325	
CITY: DAVIE	
STATE: FL	
ZIP: 33325	
NAME: PD GIANCARO MANGONO	
STREET ADDRESS: 1471 SW 120 TERR DAVIE FL 33325	
CITY: DAVIE	
STATE: FL	
ZIP: 33325	

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 19 (b) (3) of the Florida Statutes. I further certify that the information included 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 of the corporation and that my name appears in Block 1 of this document, or an agreement with an address.

SIGNATURE: *Sandra B. Mathum* DATE: **5-12-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GIANCARO MANGONO DIRECTOR**