

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90128 037 ***150.00

DOCUMENT # P98000077819

1. Corporation Name
MAYA DIRECT INC.

Principal Place of Business

1611 EUCLID AVENUE
SUITE 12
MIAMI BEACH FL 33139

Mailing Address

1611 EUCLID AVENUE
SUITE 12
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

65-086 2627

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 C/O MONTERO

2a. Mailing Address

26 C/O MONTERO

Suite, Apt. #, etc.

22 1379 OLD OAK LANE

Suite, Apt. #, etc.

27 1379 OLD OAK LANE

City & State

23 NAPLES, FLORIDA

City & State

28 NAPLES, FLORIDA

Zip Country

24 34110

25

Zip Country

29 34110

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Manuel Montero

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

1379 OLD OAK LANE

83

84 City

NAPLES

FL

85 Zip Code

34110

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME MONTERO, MANUEL
STREET ADDRESS 1611 EUCLID AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VD ☐ DELETE

NAME DUBOIS, LAWRENCE
STREET ADDRESS 1611 EUCLID AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE SD ☐ DELETE

NAME SELEM, JOSE ELIAS
STREET ADDRESS 1611 EUCLID AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1379 OLD OAK LANE

1.4 CITY-ST-ZIP NAPLES, FL 34110

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 7085 LONE OAK BLVD.

2.4 CITY-ST-ZIP NAPLES, FL 34109

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS AVE. RUIZ CORTINEZ, NO. 51

3.4 CITY-ST-ZIP CAMPECHE, CAMP. 2400, MEXICO

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99, (305) 534-9224

CR2E034 (11/98)