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
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90085 047 ***150.00

DOCUMENT # P970000	047324			03-17-1999 9008	3 047 ***130	3.00
•	TNC	·				
USA - MAPA ENTERPRISES	o, inc.					
Principal Place of Business	Mailing Address			ק ,		
1270 E Lance Wood PL				·		
Delray Beach, FL 33445				DO NOT WRITE IN T	HIS COACE	•
				3. Date Incorporated or Qualifed	nis space	
				:		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
1270 E Lance Wood PL				·	Not	Applicable
Suite, Apt. #, etc.	<u>├</u>			5. Certificate of Status Desired	\$8.75 A	
City & State	City & State				Fee Rec	
Delray Beach, FL			-	6. Election Campaign Financing Trust Fund Contribution	\$5.00.A Added to	
Zip Country	- 		у ——	8. This corporation owes the current year		rees
- 33445 25 USA	29	30	-	Personal Property Tax.		□No
9. Name and Address of Curren	t Registered Agent		, ,,	10. Name and Address of New Registere	ed Agent	
,		81	Name			
Gobbi, Marcos F.		83	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
1270 E Lance Wood PL				<u> </u>		
Delray Beach, FL 3344	5	83	3		•	
·		84	City		85 Zip Co	ode
44 0	D		<u>L</u>		·L	
 Pursuant to the provisions of Sections 607,050; office or registered agent, or both, in the State 	of Florida. Such change was a	iuthorized by	/ the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap-	of changing its re pointment as regi	egistered istered
agent. I am familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statute	S.		15/99	
SIGNATURE Signature, types or propositionary of reportered agen	t and trile if applicable (NOTE	Registered Ape	m signature requir	ed when reinstating) DATE		
12. OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 12
TILE PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
Gobbi, Marcos F.		1.2 NAME				
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		TADDRESS			•
Delray Beach, FL		1.4 CITY+5	ST-ZIP			
TILE	DELETE	2.1 TITLE			Change	Addition
IAME .		2.2 NAME	1			٠,
TREET ADDRESS	•		TADDRESS			1
OTV-ST-ZIP	DELETE-	2.4 CITY-1			- Change ~	C Little
IAME		32 NAME			Change ?	Addition:
STREET ADDRESS		1	T ADDRESS			i
ST-ZIP		34 CITY-		q		
ITLE	☐ DELETE	4.1 TITLE	01-21		[] Change	Addition
. –		4. 2 NAME				
THE ET ADDRESS		4.3 STREE	TADDRESS	•		
. SY-ZIP		4.4 CITY-S	ST-ZIP			1
ULE	☐ DELETE	5 1 TITLE			Change	☐ Addition
		5.2 NAME		•	- 521	į
······································	•		TADDRESS			1
. ST 200	D scient	54 CITY-S	T-ZIP			
	☐ DELETE	6.1 TITLE 6.2 NAME		•	☐ Change	☐ Addition
			T ADDRESS			
··EET ADORESS	•	OJOINEE	1 ADURESS			1

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 otticer 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.

64 CITY-ST-ZIP

SIGNATURE:

Marcos F. Gobbi

04/15/99

(561)637 - 3525