

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000098689

**Entity Name:** MAWULI, INC.

**Current Principal Place of Business:**

545 NW 99 STREET  
MIAMI, FL 33150

**Current Mailing Address:**

P.O. BOX 6593  
MIAMI, FL 33141

**FEI Number:** 65-1144409

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AUGUSTIN, ONICKEL  
545 NW 99 STREET  
MIAMI, FL 33150 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name AUGUSTIN, ONICKEL  
Address 545 NW 99 STREET  
City-State-Zip: MIAMI FL 33150

Title TS  
Name DAVIS, JOHNATHAN  
Address 545 NW 99 STREET  
City-State-Zip: MIAMI FL 33150

Title VP  
Name SAINTUS, MARIE  
Address 545 NW 99 STREET  
City-State-Zip: MIAMI FL 33150

Title S  
Name AUGUSTIN, ONICKEL  
Address 545 NW 99 STREET  
City-State-Zip: MIAMI FL 33150

Title ASST. TREASURER  
Name BERNADETTE, CHEREMONT  
Address 545 NW 99 STREET  
City-State-Zip: MIAMI FL 33150

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIE SAINTUS

A.S.

04/21/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date