**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**FILED** Feb 05 1998 8:00am

DOCUMENT # 149548 (0)  MAC CORPORATION  Prodobl Pace of Business  ** ROSE MARK CONLEX  ** Solide, Act 4, 80.0.  *		1998	DIVISION OF	CORPORATIONS	Secretary	of State	
Principal Place of Business PROSE MARK STAGE MARK PROSE MARE CHALEK 1104 PRINTO DRIVE POUNTAIN HILLS AZ 85888 POUNTAIN HILLS AZ 958888 POUNTAIN HILLS AZ 9588888 POUNTAIN HILLS AZ 95888888 POUNTAIN HILLS AZ 95888888 POUN	DOCUMENT # 149548 (0)						
Principal Place of Business PROSE MARK STAGE MARK PROSE MARE CHALEK 1104 PRINTO DRIVE POUNTAIN HILLS AZ 85888 POUNTAIN HILLS AZ 958888 POUNTAIN HILLS AZ 9588888 POUNTAIN HILLS AZ 95888888 POUNTAIN HILLS AZ 95888888 POUN							
TIOM PINTO DRIVE FOUNTAIN HILLS AZ 85288   S. Date Incorporated or Qualified 12/18/1946   S. Date Incorporated Or Qua	-		•		- 1 186181 (1851 81814 1818) B(121 B1891 1811 81811	Gialt albut arbit diati albit cost	
2. Principal Place of Business   2a, Mailing Address   2a, Mailing Address   4. FEI Number   5. Professional   5. Profes							
2. Principal Place of Business   2a, Malling Address   4. FEI Sumber   Sp-0672763   Next Applicable   Science   Sp-0672763   Next Applicable   Science   Sp-0672763   Next Applicable   Science   Sp-0672763   Next Applicable   Next	FOUNTAIN HILLS AZ 85268		FOUNTAIN HILLS AZ 852	68			
22, Principal Place of Business   2a, Mailing Address   4, FET Number   59-06/2763							
Suite. Apt #, vic. 22 27 28 28 29 29 20 City & State Country Country City & State Country Capsel, Marken and Address of Current Registered Agent City & State Cit	· ·	face of Business	2a. Mailing Address	- <del>' '</del>	4. FEI Number	Applied For	
City & State 27 City & State 28 City & State 29 City & State 20 City & State 2	21 Suite Ant	# atc		·			
City & State    Country   State   Country   State   Country   State   Country   State   Country   State   Stat	22	η, οτο.			5. Certificate of Status Desired		
Zip   Country   Zip   Country   8. This corporation owes or has paid the current year Intencible   Personal Property Tax day June 30.   Year   No   No   No   No   No   No   No   N	City & State	9	City & State	<u> </u>	1		
25   26   30   Personal Property Tax due June 30.   2   No.   No	23 Zip	Country		Country			
9. Name and Address of Current Registered Agent  CASSEL MARNIN S. P.A.  MIAM'S CENER 201 S BISESTYNE BLVD  MARTHER 1.33137  11. Pursuant to the provisions of Sections 607-0502 and 607.1506. Floridal Statutes, the above-named corporation submits this clatterment for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this clatterment for the purpose of changing its registered agent, and submit and accept the obligations of, Section 607-0505, Floridal Statutes, the show-named corporation submits this clatterment for the purpose of changing its registered agent, and submit and accept the obligations of, Section 607-0505, Floridal Statutes, the show-named corporation submits this clatterment for the purpose of changing its registered agent ag	24	<b>⊢</b> '		<u> </u>	1		
MAIN CENER 201 S RISES (NE BLVD MAIN FL 3313T)  88 Street Address (P.O. Box Number) is Not occeptable)  201 S RISES (NE BLVD MAIN FL 3313T)  88 Street Address (P.O. Box Number) is Not occeptable)  201 S RISES (NE BLVD MAIN FL 3313T)  88 Street Address (P.O. Box Number) is Not occeptable)  201 S RISES (NE BLVD MAIN FL 3313T)  88 Street Address (P.O. Box Number) is Not occeptable)  201 S RISES (NE BLVD MAIN FL 3313T)  88 Street Address (P.O. Box Number) is Not occeptable)  202 Street Address (P.O. Box Number) is Not occeptable)  210 Street Address (P.O. Box Number) is Not occeptable)  211 Street Address (P.O. Box Number) is Not occeptable)  212 Street Address (P.O. Box Number) is Not occeptable)  213 Street Address (P.O. Box Number) is Not occeptable)  214 Street Address (P.O. Box Number) is Not occeptable)  215 Street Address (P.O. Box Number) is Not occeptable)  216 Street Address (P.O. Box Number) is Not occeptable)  217 Street Address (P.O. Box Number) is Not occeptable)  218 Street Address (P.O. Box Number) is Not occeptable)  219 Street Address (P.O. Box Number) is Not occeptable)  210 Street Address (P.O. Box Number) is Not occeptable)  210 Street Address (P.O. Box Number) is Not occeptable)  211 Street Address (P.O. Box Number) is Not occeptable)  212 Street Address (P.O. Box Number) is Not occeptable)  213 Street Address (P.O. Box Number) is Not occeptable)  214 Street Address (P.O. Box Number) is Not occeptable)  215 Street Address (P.O. Box Number) is Not occeptable in the plant of the purpose of changing its registered address (P.O. Box Number) is Not occeptable)  215 Street Address (P.O. Box Number) is Not occeptable in the purpose of changing its registered address (P.O. Box Number) is Not occeptable in the purpose of changing its registered address (P.O. Box Number) is Not occeptable in the purpose of changing its registered address (P.O. Box Number) is Not occeptable in the purpose occeptable in			ent Registered Agent	·	10. Name and Address of New Register	red Agent	
201 S RISECTIVE BLVD    HAMILER   33131   Hamilton   He   133131   Hamilton   He   133131   He   1331311   He   133131   He   1331311   He   1331311   He   1331311   He   1331311   He				81 Name	mis Fine		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits its statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized bye-named corporations board of directors. I hereby accept the epiphintment are registered agent, a material artificial with, and accept the obligations of, Section 607.0505, Florida Statutes, be above-named corporations board of directors. I hereby accept the appointment are registered agent, a material artificial with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signiture hope or private facety or pressured spent and title it application (NOTE Registered Agent Eginature required when rentating)  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS IN 12  I SITUATE 1044 PINTO DRIVE  1.3 STREET ADDRESS  CITY-ST-ZP  TITLE  SI	MIAMI CENER			82 Street Addre	ss (P.O. Box Number is Not Acceptable)	• • • • • • • • • • • • • • • • • • • •	
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, 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, 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, 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, or both and accept the obligations of Science Special Such and accept the obligations of Science Special Such accepts the appointment as registered agent, or both in the state agent and the #applicable in NOTE Registered Agent agent and in remaining agent and the #applicable in NOTE Registered Agent agent and in remaining agent and the #applicable in NOTE Registered Agent agent and remaining agent and the #applicable in NOTE Registered Agent agent and remaining agent agent and the #applicable in NOTE Registered Agent agent and remaining agent agent and remaining agent agent and remaining agent agent agent agent agent agent agent agent and remaining agent				83 - GO1	6 3, Wi 13th	erias	
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 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, 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, 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, or both and agent and the obligations of year of the appointment as gregistered agent. Such accept the appointment as gregistered agent, or both and agent and the obligations of years and accept the obligations of years agent and the applicable (MOTE Projected Agent signature required when relictating)  2. CFFICERS AND DIRECTORS  12.		INIT L GO TO I					
Signature   Signature bypad or printed narror of respectated agent and tiles if applicable   (NOTE Registered Agent signature required when reinstaling)   Chita					Jiami	FL 33744	
SIGNATURE    Signature bypad or printed narm of measured agent and tiles if applicable   (NOTE Registered Agent signature required when reinstating)   (NOTE Registered Agent signature required when registered value required and signature required and signature required value required and signature required when registered value required and signature required when registered value required and signature required value required and signature required value required value required and signature required value value value value value value value	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 annointment as registered						
12			ligations of, Section 607.0505, Fid Z =	orida Statutes.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12/192	
TITLE			agent and title if applicable (NOTI	E Registered Agent signature requires	d when reinstating) DA		
NAME   CHALEK, ROSE MARIE   12 NAME   13 STREET ADDRESS   1044 PINTO DRIVE   13 STREET ADDRESS   14 CRY - ST - ZP	12.			13.	ADDITIONS/CHANGES TO OFFICERS.		
11044 PINTO DRIVE			☐ DELETE	1			
CITY-ST-ZIP	1			į			
Change	1						
NAME   STREET ADDRESS   CITY - ST - ZIP   Change   Addition		- + +	DELETE			Change Addition	
CITY-ST-ZIP	1	CHALEK, RICHARD	<del></del>			_ ,	
TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 5.4 CITY - ST - ZI	STREET ADDRESS			2.3 STREET ADDRESS			
NAME	CITY - ST - ZIP	LOCUST VALLEY NY		2. 4 CITY-ST-ZIF			
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	THILE		☐ DELETE	3.1 TITLE		Change Addition	
STREET ADDRESS   STRE	- 1						
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME	1						
NAME			DELETE			Change Addition	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         Change         Addition           NAME         5.2 NAME         *           STREET ADDRESS         5.3 STREET ADDRESS         *           CITY-ST-ZIP         5.4 CITY-ST-ZIP         *           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         *         *           STREET ADDRESS         6.3 STREET ADDRESS         *         *				<b>1</b>		-	
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         ***         ***           STREET ADDRESS         5.3 STREET ADDRESS         ***         ***           CITY - ST - ZIP         5.4 CITY - ST - ZIP         ***         Change         Addition           NAME         6.1 TITLE         Change         Addition           NAME         6.2 NAME         ***         ***           STREET ADDRESS         6.3 STREET ADDRESS         ***         ***	STREET ADDRESS			4.3 STREET ADDRESS			
SAME	CITY - ST - ZIP			4.4 CITY - ST - ZIP			
SZ NAME			☐ DELETE				
CITY - ST - ZIP         5.4 CITY - ST - ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         STREET ADDRESS         6.3 STREET ADDRESS         6.3 STREET ADDRESS	1					,	
TITLE DELETE 6.1 TITLE Change Addition  NAME  STREET ADDRESS 6.3 STREET ADDRESS  6.3 STREET ADDRESS							
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS			DELETE			Change Addition	
STREET ADDRESS 6.3 STREET ADDRESS			- -	6.2 NAME			
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS			6.3 STREET ADDRESS			
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP		10 He 1 (11)		140 07(0)(3 FI-H-I- 01-1 )	and the state of t	

Indicated on this annual report or supplied with this hing does not quality for the exemption stated in section 113.07(3)(i), fronce statutes. 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.