FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **358485** **(1)**

1. Corporation Name

MACO ORGANIZATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 5139 HIALEAH FL 33014	P. O. BOX 5139 HIALEAH FL 33014

3. Date Incorporated or Qualified: **01/22/1970**

3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-1286046** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MARTINEZ, CARLOS M~~
~~2033 W. 73RD STREET~~
~~HIALEAH FL 33016~~

10. Name and Address of New Registered Agent

81 Name: CARLOS M MARTINEZ

82 Street Address (P.O. Box Number is Not Acceptable): 2695 WEST 76TH STREET

83:

84 City: HIALEAH FL 85 Zip Code: 33016

11. Pursuant to the provisions of Sections 607.0505 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: _____ Carlos M. Martinez, Pres 4-22-96

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1-1 TITLE	PD	☒ Change ☐ Addition
NAME	MARTINEZ, CARLOS M		1-2 NAME	MARTINEZ, CARLOS M.	
STREET ADDRESS	2033 W. 73RD STREET		1-3 STREET ADDRESS	2695 W 76TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016		1-4 CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	VSTD	☐ DELETE	2-1 TITLE	VSTD	☒ Change ☐ Addition
NAME	MARTINEZ, NESTOR A		2-2 NAME	MARTINEZ, NESTOR A.	
STREET ADDRESS	2033 W. 73RD STREET		2-3 STREET ADDRESS	2695 W 76TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016		2-4 CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		☐ DELETE	3-1 TITLE		☐ Change ☐ Addition
NAME			3-2 NAME		
STREET ADDRESS			3-3 STREET ADDRESS		
CITY-ST-ZIP			3-4 CITY-ST-ZIP		
TITLE		☐ DELETE	4-1 TITLE		☐ Change ☐ Addition
NAME			4-2 NAME		
STREET ADDRESS			4-3 STREET ADDRESS		
CITY-ST-ZIP			4-4 CITY-ST-ZIP		
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		
TITLE		☐ DELETE	6-1 TITLE		☐ Change ☐ Addition
NAME			6-2 NAME		
STREET ADDRESS			6-3 STREET ADDRESS		
CITY-ST-ZIP			6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Carlos M. Martinez, Pres 4-22-96 305-556-9290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)