

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 417989 (1)

1. Corporation Name
MABEN, INC.

95 JAN 20 PM 4:18

Principal Place of Business: 1980 NW 139 ST. OPA LOCKA FL 33054

Mailing Address: 1980 NW 139 ST. OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/01/1973		3a. Date of Last Report 07/11/1994	
21. 1980 N.W. 139th ST City & State: OPA LOCKA, FLA		26. 1980 N.W. 139th ST City & State: OPA LOCKA, FLA	
22. 33054 Country: DAD		27. 33054 Country: DAD	
23. 33054 Country: DAD		29. 33054 Country: DAD	
24. 33054		30. DAD	

5. Certificate of Status Desired \$6.75 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

WITTENBERG, BENJAMIN
20301 N E 30TH AVE
MIAMI, FL
33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Benjamin Wittenberg* (NOTE: Registered Agent signature required when registering) DATE: 1/17/95

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WITTENBERG, MARY
STREET ADDRESS	20301 N E 30TH AVE
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	PO
NAME	WITTENBERG, BENJAMIN
STREET ADDRESS	20301 N E 30TH AVE
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 and each officer certifies that I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Benjamin Wittenberg*
Benjamin Wittenberg
1/17/95 1-305-681-2021