FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **451523**

(5)

FILED Jan 23 1997 8:00am Secretary of State

MAK MACHINER	Y CORPORATION	Mailing Address						
1101 S.E. 9TH CT. HIALEAH FL 33010		1101 S.E. 9TH CT. HIALEAH FL 33010-5817						
					3. Date Incorporated or Qualit 05/31/1974		te of Last F 0/1996	Report
2. Principal Place of Bu	aness	2a. Mailing Address			4. FEI Number 59-1560547			pplied For ot Applicable
Saite Apt # etc.		26 Suite, Apt #, etc. 27			5. Certificate of Status Desired	ı 🗆	\$8.75	Additional equired
22 City & State 23		City & State			Election Campaign Financia Trust Fund Contribution	ng \Box	\$5.00	May Be to Fees
Z(p)	Country 25	7(p)	Country	/	This corporation has liability Florida Statutes		tax under s	
	e and Address of Curre			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of Ne			
KROJZL, NOF	BERTO		81	Name				
7721 S.W. 21ST STREET MIAMI FL 33155		1	82	Street Add	ress (P.O. Box Number is Not Acci	eptable)		
			83			······		
			84	City		FL	85 Zip	Code
agent Lamilian	with, and accept the oblig	jations of, Section 697.0505, I	Florida Statute	S.	poration submits this statement for tion's board of directors. I hereby a		changing i ointment as	ts registered registered
Signature (5)	AA 2014 THE CONTRACTOR	intentito daginable (Ni ID DIRECTORS	Oli: Registered Ag	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO (DATE	DIRECTO	9S IN 12
THILE PTSD	Callentario	DELETE	1.1 TITLE		7,0011010/01741020101	71102107040	Change	roilibbA
	REINALDO		1.2 NAME					
	V 21ST ST.		1.3 STREE	I ADDRESS				
C-TY - S1 - ZIP MIAMI I	L	Decem	1,4 CITY-	ST - ZIP			Change	Addition
TIME		LUCELE	2 1 THTLE				Change	Addition
NAME STREET ADDRESS :		,	2.2 NAME 2.3 STREE	T ADDRESS				
CITY - \$1 - ZP		5	2 4 CITY-	i	1			٠
1-10.1		DECEME	3 1 TITLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE.	I ADDRESS				
CHY-51-2IF		DUET	3.4. CITY -	ST-ZIP			☐ Change	Addition
TITEL		DELETE	4.1 IIIEE				C change	Addition
NAME STREET ADDRESS			4 2 NAME	T ADDRESS				
City-St-Zif			4.4 CHY-	ł				
7IN 8		DELETE	5 1 TiTLE	51 - 21F	<u> </u>		Change	Addition
NAMr			5.2 NAME				-	
STREET ADDRESS				T ADDRESS				
CITY SI-ZIP			5.4 Cff Y -					
1011.6		☐ DELETE	61 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			€ 3 STREE	I ADDRESS				
CITY: ST-ZIF			6.4 CITY-	ST · ZIP				

14. I do hereby certly 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 of supplicmental 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 of 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 charged, or on an attachment with an address

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0114287