FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:29

DOCUMENT # **491912** **(2)**

1. Corporation Name
MAYACA LAND CORPORATION

Principal Place of Business	Mailing Address
316 ROYAL POINCIANA PLAZA PALM BCH FL 33480 US	P O BOX 348 LOXAHATCHEE FL 33470 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/02/1975	06/16/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1634335	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CALL, JOHN S JR
251 ROYAL PALM WAY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: BYRD, WADE R.
82 Street Address (P.O. Box Number is Not Acceptable): 340 ROYAL PALM WAY
83
84 City: PALM BEACH **FL** 85 Zip Code: 33480

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Wade Byrd — 3/17/95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	MARTI, MANUEL	12 NAME	Delete
STREET ADDRESS	316 ROYAL POINCIANA PLZA	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BYRD, WADE R	22 NAME	
STREET ADDRESS	340 ROYAL PALM WAY	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	PEREZ STABLE, ALBERTO	32 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PL	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	CD	41 TITLE	☐ Change ☐ Addition
NAME	VILAR, ERNESTO	42 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PL	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	AZQUETA, NORBERTO, JR.	52 NAME	P Azqueta, Norberto, JR
STREET ADDRESS	316 ROYAL POINCIANA PL	53 STREET ADDRESS	339-A Royal Poinciana PL
CITY-ST-ZIP	PALM BEACH FL	54 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Wade Byrd — 3/17/95 — (407) 1452617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #