


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 709649 (8)  
1. Corporation Name  
MAYA (MARCA) CONDOMINIUM APARTMENTS, INC.

Principal Place of Business Mailing Address  
3000 HOLIDAY DRIVE FORT LAUDERDALE FL 33316 3000 HOLIDAY DRIVE FORT LAUDERDALE FL 33316

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
POLIAKOFF, GARY A.  
BECKER & POLIAKOFF, PA.  
3111 STIRLING RD.  
FORT LAUDERDALE FL 33312

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 27 PM 4: 12

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1965 3a. Date of Last Report 04/18/1994

4. FEI Number 59-1142312 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

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

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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 N/A DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME PESCOD, EDNA STREET ADDRESS 3000 HOLIDAY DR CITY-ST-ZIP FT LAUDERDALE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME MAHANEY, R. DAN STREET ADDRESS 3000 HOLIDAY DR CITY-ST-ZIP FT LAUDERDALE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME HAGAN, GEORGE A. STREET ADDRESS 3000 HOLIDAY DR, #1405 CITY-ST-ZIP FT LAUDERDALE FL 33316		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME MISEK, DONALD STREET ADDRESS 3000 HOLIDAY DR #1003 CITY-ST-ZIP FORT LAUDERDALE FL 33316		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME LORENC, ELEANOR STREET ADDRESS 3000 HOLIDAY DR #1803 CITY-ST-ZIP FT LAUDERDALE FL 33316		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME MOSS, HOWARD R. STREET ADDRESS 3000 HOLIDAY DR #1208 CITY-ST-ZIP FT LAUDERDALE FL 33316		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George A. Hagan 1/13/95 305-524-8497  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #