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FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 768910 (2)

1. Corporation Name

THE MAYA INSTITUTE, INC.

Principal Place of Business

115 W 3 CT  
HIBISCUS ISLE  
MIAMI BEACH FL 33139  
US

Mailing Address

PO BOX 2787  
MIAMI BEACH FL 33140  
US

3. Date Incorporated or Qualified  
06/09/1983

3a. Date of Last Report  
03/11/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2340101

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

10. Name and Address of New Registered Agent

ZAIAC, MANUEL  
100 SE 2ND ST  
STE 2350  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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  
NAME ANDREWS, JOAN  
STREET ADDRESS CALLE 13 NO 203A  
CITY-ST-ZIP 97070 MERIDA YUCATAN

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME BARBACHANO, MANUEL  
STREET ADDRESS CALLEJON DEL SANTISIMO 6  
CITY-ST-ZIP 01000 MEXICO, D.F.

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME PONCE, FERNANDO  
STREET ADDRESS CALLE 21 NO. 97 X 18  
CITY-ST-ZIP 97128 MERIDA YUCATAN

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME CASARES, RAUL  
STREET ADDRESS CALLE 52 NO 400 X AVE.  
CITY-ST-ZIP 97100 MERIDA YUCATAN

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME PONCE, JOSE LUIS  
STREET ADDRESS CALLE 56 B NO 485  
CITY-ST-ZIP 97000 MERIDA YUCATAN

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME RUENO, LUIS  
STREET ADDRESS CALLE 24 NO 62 X 13 Y 15  
CITY-ST-ZIP 97100 MERIDA YUCATAN

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify 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 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 in an attachment with an address.

SIGNATURE:

*Manuel Zaiac*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076379

CR2E037 (9/96)