

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 850767 (5)

1. Corporation Name

MAYNA CORPORATION, N.V.



Principal Place of Business

Mailing Address

C/O TOM MAXEY
3001 PONCE DE LEON BLVD #200
CORAL GABLES FL 33134

C/O TOM MAXEY
3001 PONCE DE LEON BLVD #200
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
10/20/1981

3a. Date of Last Report
03/02/1995

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

10. Name and Address of New Registered Agent

MAXEY, TOM
3001 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

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 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

Signature, type 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 ASTON, PETER B.
STREET ADDRESS PO BOX F2833
CITY-STATE-ZIP FREEPORT, BAHAMAS ☒ DELETE

1.1 TITLE DP
1.2 NAME JOHN D. HVERT
1.3 STREET ADDRESS P.O. BOX F42643
1.4 CITY-STATE-ZIP FREEPORT, BAHAMAS ☐ Change ☒ Addition

TITLE SD
NAME OSMAN, BERNARD
STREET ADDRESS PO BOX F-95
CITY-STATE-ZIP FREEPORT, BAHAMAS ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VD
NAME MAXEY, TOM
STREET ADDRESS 6312 RIVIERA DR
CITY-STATE-ZIP CORAL GABLES FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME MAXEY, WIRT (ASST)
STREET ADDRESS 6911 SUNRISE PLACE
CITY-STATE-ZIP CORAL GABLES FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SHORT, GENE (ASST)
STREET ADDRESS 7041 SW 92ND STREET
CITY-STATE-ZIP MIAMI FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

Date

(305) 446-7666

Daytime Phone #

CR2E034 (12/95)