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 # 850767

1. Corporation Name

(5)

MAYNA CORPORATION, N.V.

FILED Feb 19 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address				3 fablet thint fifti dern that friet lant areit difti bent gegn gran gran uneit rant		
C/O TOM MA		C/O TOM MAXEY						
GORAL GABLE	DE LEON BLVD #200		3001 PONCE DE LEON BLVD #200 CORAL GABLES FL 33134-6824					
CONAL GABLE	EQ FL SSIGH	COURT ONDITION IT SOLD	~~~			3. Date Incorporated or Qualified 3a. Date of Last Report 02/29/1996		
2. Principal f	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
21		26				59-2106846 Not Applicable		
Suilê, Apt 22	. #, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired Section Secti		
City & Sta	te	City & State	. 17 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	1291	and sec.	6. Election Campaign Financing \$5.00 May Be		
23						Trust Fund Contribution		
Zip	Country Zip		—	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30		30			Florida Statutes Yes No		
	g. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent		
	XEY, TOM			61	Name			
	11 PONCE DE LEON BLVD.			82	Street /	Address (P.O. Box Number is Not Acceptable)		
	TE 200			ليا				
CO	RAL GABLES FL 33134			83				
				84	City	85 Zip Code		
					_	FL T		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the a	bove	e-named	d corporation submits this statement for the purpose of changing its registered		
agent. La	am familiar with, and accept the oblig	ations of, Section 607.0505, I	Florida Sta	tutes	, me corp 3.	poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE								
L	Signature, typed or printed name of registered ag		OTE: Registere	o Age	ent signature	e required when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE			ļ	DP Change Addition		
NAME	HIVERT, JOHN D		1.2 NAME			HIVFR., JOHN D.		
STREET ADORESS			1.3 STREET ADDRESS		ADDRESS	1 BENTLEY DRIVE		
CHY-ST-ZIP	FREEPORT, BAHAMAS		1.4 0			EREEPORT BAHAMAC		
TITLE			2.1 T			SD Change Addition		
NAME	OSMAN, BERNARD		2.2 NAJ			OSMAN, BERNARD		
STREET ADDRESS	PO BOX F-95		2.3 ST		ADDRESS	15 POPLAR CRESCENT		
C!TY-SI-Z₽			2, 4 (CITY-S	ST-ZIP	FREEPORT, BAHAMAS		
TITLE	VO	DELETE	3.1 7	ITLE		☐ Change ☐ Addition		
NAME	MAXEY, TOM		3.2 N	IAME				
STREET ADDRESS	6312 RIVIERA DR		3.3 \$	TAEET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		3.4.6	CHTY-!	ST-ZIP			
TITLE	VSD	DELETE	4.1 T			Change Addition		
NAME	MAXEY, WIRT (ASST)		4, 21	NAME				
STREET AODRESS	ANALOUNDING DI ACE				ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		1		7-21P			
TITLE	SD	DELETE	517			Change Addition		
NAME	SHORT, GENE (ASST)			IAME				
STREET ADDRESS	TO 44 Old BOLIO GEOMET			53 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL							
TITLE	ISIN WALL I GO	☐ DELETE	5.4 L 6.1 T		ST-ZIP	Change Addition		
ļ		□ ortrit				Consider TT Modifice		
NAME.			•	AME	. ABDECCO			
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP			640	ITY - S	ST-ZIP			

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 of 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 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 charteet or on an attachment with an address.

SIGNATURE:

JANUAFY 29, 1997

(305) 446-7666