

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851013** (3)

1. Corporation Name

MAJOL INVESTMENT CORPORATION

Principal Place of Business

11990 SW 41 DRIVE
MIAMI FL 33175
US

Mailing Address

P.O. BOX 558570
MIAMI FL 33255-8570
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1981

4. FEI Number

98-0062342

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FERRER, JOSE LUIS
11990 SW 41 DRIVE
SUITE B
MIAMI FL 33175

10. Name and Address of New Registered Agent

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, 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	1.1 TITLE	
NAME	CAMARANO, PLUTARCO COHEN	1.2 NAME	
STREET ADDRESS	48TH EAST ST BELLA VISTA SUCRE BLDG	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	GARCIA, ELBA FERNANDEZ	2.2 NAME	
STREET ADDRESS	48TH EAST ST BELLA VISTA SUCRE BLDG	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	DE LA ROSA, ANGELA JULIA	3.2 NAME	
STREET ADDRESS	48TH EAST ST BELLA VISTA SUCRE BLDG	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 REQUIRED

1998-01-16

CR2E034 (10/97)