

**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 # **F49201** (9)

1. Corporation Name  
**MACIS, INC.**



Principal Place of Business: **801 BRICKELL AVE 24TH FLOOR MIAMI FL 33131**  
Mailing Address: **801 BRICKELL AVE 24TH FLOOR MIAMI FL 33131**

3. Date Incorporated or Qualified: **10/12/1981**  
3a. Date of Last Report: **01/20/1995**  
4. FCI Number: **59-2147981**  
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

2. Principal Place of Business:  
21 **One SE 3rd Avenue**  
State, Apt. #, etc.: **28th Floor**  
City & State: **Miami, FL**  
Zip: **33131** Country: **25**  
2a. Mailing Address:  
26 **One SE 3rd Avenue**  
State, Apt. #, etc.: **28th Floor**  
City & State: **Miami, FL**  
Zip: **33131** Country: **29**

9. Name and Address of Current Registered Agent:  
**CORPORATION INFORMATION SERVICES, INC  
1201 HAYS STREET  
TALLAHASSEE FL 32301**  
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 607.1505, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CISNEROS, GUSTAVO #198B PEDREGAL SAN ANGEL MEXICO, D.F.	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST CISNEROS, AMANTIONAL BUE #198B PEDREGAL SAN ANGEL MEXICO, D.F.	<input type="checkbox"/> DELETE	2.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.2 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			2.3 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			6.4 CITY-STATE-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 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]* DATE: **2-14-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Gustavo Cisneros, President**  
TELEPHONE NUMBER: **305-374-5600**

CR2E034 (12/95)