

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90001 045 \*\*\*158.75

**DOCUMENT # F93000004879**

1. Corporation Name

**MAORIS CORPORATION**

Principal Place of Business

**444 BRICKELL AVE.  
SUITE 807  
MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVE.  
SUITE 807  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/28/1993**

4. FEI Number

**65-0441112**

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.  
**SUITE 809**

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.  
**SUITE 809**

**28** City & State

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

**MASSUH, JOSE M  
444 BRICKELL AVE.  
SUITE 807  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)  
**444 BRICKELL AVENUE**

**83** SUITE 809

**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

**TITLE** PC ☐ DELETE  
**NAME** DE MASSUH, MARIA T  
**STREET ADDRESS** 520 BRICKELL KEY DRIVE - APT. 504  
**CITY-ST-ZIP** MIAMI FL 33131

**TITLE** VCVS ☐ DELETE  
**NAME** MASSUH BURAYE JOSE MIGUEL  
**STREET ADDRESS** 444 BRICKELL AVE., SUITE 807  
**CITY-ST-ZIP** MIAMI FL 33131

**TITLE** TD ☐ DELETE  
**NAME** OUAKNINE NIURKA  
**STREET ADDRESS** 444 BRICKELL AVE., SUITE 807  
**CITY-ST-ZIP** MIAMI FL 33131

**TITLE** A/F ☐ DELETE  
**NAME** MASSUH, JOSE M  
**STREET ADDRESS** 444 BRICKELL AVE., SUITE 807  
**CITY-ST-ZIP** MIAMI FL 33131

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE ☐ Change ☐ Addition

**1.2** NAME

**1.3** STREET ADDRESS

**1.4** CITY-ST-ZIP

**2.1** TITLE ☐ Change ☐ Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY-ST-ZIP

**444 BRICKELL AVENUE, SUITE 809**

**3.1** TITLE ☐ Change ☐ Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY-ST-ZIP

**444 BRICKELL AVENUE, SUITE 809**

**4.1** TITLE ☐ Change ☐ Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-ST-ZIP

**444 BRICKELL AVENUE, SUITE 809**

**5.1** TITLE ☐ Change ☐ Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-ST-ZIP

**6.1** TITLE ☐ Change ☐ Addition

**6.2** NAME

**6.3** STREET ADDRESS

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Jose M. Massuh, Attorney in Fact**

**7/12/99**

**305 358-1900**

Date

Daytime Phone #

CR2E034 (5/99)

590789-90001-45  
F93000004879

MAORIS CORPORATION  
444 BRICKELL AVENUE-SUITE 809  
MIAMI,FLORIDA 33131

July 7,1999

Ms. Katherine Harris, Secretary of State

Division of Corporations

P.O.Box 6327

Tallahassee, Florida 32314

Re: 1999 Profit Corporation Annual Report  
MAORIS CORPORATION

Dear Ms. Harris:

We have received a 2nd notice for the filing of our Corporation Annual Report, although it was already sent to you on April 26,1999 as per copy attached.

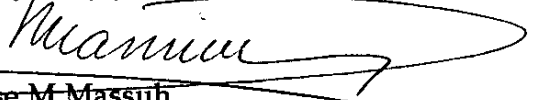
Only because the receipt of the second notice, we learned that you have not received the previous one sent together with our check No. 0272 in the amount of \$ 158.75 due to a post office error in delivering our envelope.

Attached is our new filing report together with our payment.

I do request that in view of our situation you will waive the additional charge for filing.

If you would like to discuss this matter further, please do not hesitate to contact me, at 305 358-1900.

Very truly yours,

  
Jose M. Massuh