

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G04684** (8)

1. Corporation Name

MAPSA CORP.



Principal Place of Business

Mailing Address

**C/O SARINO R. COSTANZO
7501 SW 79TH COURT
MIAMI FL 33143**

**C/O SARINO R. COSTANZO
7501 SW 79TH COURT
MIAMI FL 33143**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RADOVAN, SAMARDRICH
7501-SW 78 COURT
MIAMI FL 33143**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/18/1982

3a. Date of Last Report

01/19/1995

4. FEI Number

59-2680341

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0202 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 627.005, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12	VD SAMARDZICH, GEORGE 7501 SW 79TH COURT MIAMI, FL 33143	☐ DELETE
12	PD SAMARDZICH, RADOVAN 7501 S. W. 79 COURT MIAMI FL	☐ DELETE
12	STD SAMARDZICH, YOVAN 7501 S W 79 COURT MIAMI FL	☐ DELETE
12		☐ DELETE
12		☐ DELETE
12		☐ DELETE
12		☐ DELETE
12		☐ DELETE
12		☐ DELETE
12		☐ DELETE

13	1 NAME	☐ Change ☐ Addition
13	2 STREET ADDRESS	
13	3 CITY, ST, ZIP	☐ Change ☐ Addition
13	4 NAME	
13	5 STREET ADDRESS	
13	6 CITY, ST, ZIP	☐ Change ☐ Addition
13	7 NAME	
13	8 STREET ADDRESS	
13	9 CITY, ST, ZIP	☐ Change ☐ Addition
13	10 NAME	
13	11 STREET ADDRESS	
13	12 CITY, ST, ZIP	☐ Change ☐ Addition
13	13 NAME	
13	14 STREET ADDRESS	
13	15 CITY, ST, ZIP	☐ Change ☐ Addition
13	16 NAME	
13	17 STREET ADDRESS	
13	18 CITY, ST, ZIP	☐ Change ☐ Addition
13	19 NAME	
13	20 STREET ADDRESS	
13	21 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied on this form 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 form 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 from an appointment with an agent.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/2/96 X 305-274-4455
By the Officer

CR2E034 (12/95)