FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:00

DOCUMENT # K47369 (9)

1. Corporation Name
MAC SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2441N.W. 93RD AVE. STE. 102 MIAMI FL 33172	2441N.W. 93RD AVE. STE. 102 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1988
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0100178 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ $5.75 Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 / 29 — Country — 25 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARCONI, ROBERT M, CPA
13320 SW 128TH ST
MIAMI FL 33186

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	GOMEZ, REINER	12 NAME	GOMEZ, REINER	
STREET ADDRESS	4810 NW 99 CT	13 STREET ADDRESS	4810 NW 99 CT	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL	
TITLE	DV	21 TITLE	DV	☐ Change ☐ Addition
NAME	GOMEZ, ZORAIDA	22 NAME	GOMEZ, ZORAIDA	
STREET ADDRESS	4810 NW 99 CT	23 STREET ADDRESS	4810 NW 99 CT	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	PELAEZ, CLAUDIA	32 NAME	GOMEZ, KAREN	
STREET ADDRESS	4944 NW 102ND AVE 101	33 STREET ADDRESS	4810 NW 99 CT	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Reiner Gomez 3/16/95 (305) 477-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430618 FP