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 # **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

2. Principal Place of Business	2a. Mailing Address
21 3073 NW 82nd AVE	26 3073 NW 82nd AV.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33122 Country 25 USA	Zip 29 33122 Country 30 USA

3. Date Incorporated or Qualified: **11/28/1988**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **65-0100178** ☐ 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

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GOMEZ, REINER	
STREET ADDRESS	4810 NW 99 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	GOMEZ, ZORAIDA	
STREET ADDRESS	4810 NW 99 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ DELETE
NAME	GOMEZ, KAREN	
STREET ADDRESS	810 NW 99 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	GOMEZ, REINER	
1.3 STREET ADDRESS	4810 NW 99 CT.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33178	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	GOMEZ, ZORAIDA	
2.3 STREET ADDRESS	4810 NW 99 CT.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33178	
3.1 TITLE	ST	☒ Change ☐ Addition
3.2 NAME	GOMEZ, KAREN	
3.3 STREET ADDRESS	4810 NW 99 CT.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33178	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I (we) hereby certify that the information supplied with this filing 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: _____ 3/11/96 (305) 477-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443007 FR