

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M05430**

(7)

1. Corporation Name

MAFALDA, INC.

Principal Place of Business

**7900 SW 54 AVE
MIAMI FL 33143**

Mailng Address

**7900 SW 54 AVE
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

**MACEDO, JORGE, MD
7900 SW 54 AVE.
MIAMI FL 33143**

3. Date Incorporated or Organized

09/20/1984

3a. Date of Last Report

01/13/1995

4. FEI Number

59-2750555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes

☐

Yes

☐

No

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 607.0602 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, **and** in the State of Florida. Such change is 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 607.0605, Florida Statutes.

SIGNATURE

Jorge Macedo MD - President

2-19-96

12. OFFICERS AND DIRECTORS

12a. PS

**MACEDO, JORGE, MD
7900 SW 54TH AVE
MIAMI FL**

☐ DELETE

12b. TD

**MACEDO, JORGE, MD
7940 S.W. 55 AVENUE
MIAMI FL**

☐ DELETE

12c. Other

☐ DELETE

12d. Other

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12e. Other

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Macedo MD - President

2-19-96

(305) 670 8500

CR2E034 (12/95)