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

APPROVED
AND
FILED

95 APR 28 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M36217** **(1)**

1. Corporation Name

MANAGEMENT ASSOCIATES INTERNATIONAL INC.

Principal Place of Business	Mailing Address
1390 S. DIXIE HIGHWAY SUITE 2119-2120 CORAL GABLES FL 33146-2906 US	GABLES WATERWAY EXECUTIVE CENTER P.O. BOX 144729 CORAL GABLES FL 33114-4729 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/04/1986
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2710446 ☐ 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	10. Name and Address of New Registered Agent
SULLIVAN, JOHN C., JR. 2511 PONCE DE LEON BLVD. CORAL GABLES FL 33134	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	1.1 TITLE	☐ Change ☐ Addition
NAME	YANES, JUAN A.	1.2 NAME	
STREET ADDRESS	1390 S. DIXIE HIGHWAY #2120	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☒ Change ☐ Addition
NAME	WISZNAT, FREDERICO	2.2 NAME	Resigned - Position not filled
STREET ADDRESS	1390 S. DIXIE HIGHWAY, #2119	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D/M ☐ Change ☒ Addition
NAME		3.2 NAME	José M. Yañez
STREET ADDRESS		3.3. STREET ADDRESS	1390 S.Dixie Highway #2120
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	Armando A. Yañez
STREET ADDRESS		4.3 STREET ADDRESS	NA - Mail: POB 144729
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Gables, FL 33114-4729
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Leonidas Montaña
STREET ADDRESS		5.3 STREET ADDRESS	NA - Mail: P.O. Box 144729
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Gables, FL 33114-4729
TITLE		6.1 TITLE	S ☐ Change ☒ Addition
NAME		6.2 NAME	Josefina Vargas
STREET ADDRESS		6.3 STREET ADDRESS	1390 S. Dixie Highway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Gables, FL 33146

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: _____ 4/24/95 (305)665-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Josefina Vargas Corp. Secretary — Date — Daytime Phone #

0206720 CP