

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 33146-2936
US

GABLES WATERWAY EXECUTIVE CENTER
P.O. BOX 144729
CORAL GABLES FL 33114-4729
US

3. Date Incorporated or Qualified

08/04/1986

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Gables Waterway Exec. Center

26 MAI Consulting

Suite, Apt. #, etc

Suite, Apt. #, etc

22 2119-2121

27 P.O. Box 144729

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33146-2936 25 US

29 33114-4729 30 US

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PD
YANES, JUAN A.
1390 S. DIXIE HIGHWAY #2120
CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DM
YANES, JOSE M.
1390 S. DIXIE HWY. #2120
CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
YANES, ARMANDO R
NA-MAIL: P.O. BOX 144729
CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
MONTANA, LEONIDAS
NA-MAIL: P.O. BOX 144729
CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
S
VARGAS, JOSEFINA
1390 S. DIXIE HWY.
CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josefina Vargas - Corporate Secretary

Date

Home Phone #

June 26/96 (305) 665-2191

CR2E034 (3/96)