

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 # M42895 (6)

1. Corporation Name

MAIA GOLANI CORP.

Principal Place of Business

165 TOWN CENTER
BOCA RATON FL 33431
US

Mailing Address

165 TOWN CENTER
BOCA RATON FL 33431
US



3. Date Incorporated or Qualified
12/09/1986

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDENBURG, DAVID
12955 SW 103 CT
MIAMI FL 33176

81 Name

ESHTEL, DIANA

82 Street Address (P.O. Box Number is Not Acceptable)

9135 S.W. 117 CT.

83

84 City

MIAMI

FL

85 Zip Code
33186

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]

[Signature]

4-23-96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
EDENBURG, DAVID
STREET ADDRESS
11775 SW 92 TERRACE
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
EDENBURG, SIMON
STREET ADDRESS
11787 SW 92 TERRACE
CITY-ST-ZIP
MIAMI FL

TITLE ☒ DELETE

NAME
VINAYI, DAN
STREET ADDRESS
4291 SW 143 AVENUE
CITY-ST-ZIP
MIRAMAR FL

TITLE ☐ DELETE

NAME
ESHTEL, DIANA
STREET ADDRESS
9135 SW 117 CT
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
EDENBURG, SILVIA
STREET ADDRESS
11727 SW 92 TERR
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
ESHTEL, AMIR
STREET ADDRESS
9135 SW 117 CT
CITY-ST-ZIP
MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]* 4-23-96 305 598 1738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)