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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:23

DOCUMENT # P93000032369 (9)

1. Corporation Name

MAYTEMAR CORPORATION

Principal Place of Business
7380 SW 42ND ST
MIAMI FL

Mailing Address
7380 SW 42ND ST
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # or Rm — 22
Suite Apt # or Rm — 27
City — 23
City & State — 28
ZIP — 24
County — 25
ZIP — 29
County — 30

4. FEI Number: 04007865 APPLIED FOR — 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

CARO, JUAN R SR
7380 S.W. 42ND ST.
MIAMI FL 33155

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 607.0505 and 607.1008, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARO, JUAN R SR
STREET ADDRESS	7380 S.W. 42ND ST.
CITY ST ZIP	MIAMI FL 33155
TITLE	VD
NAME	CARO, JUAN R JR
STREET ADDRESS	7380 S.W. 42ND ST.
CITY ST ZIP	MIAMI FL 33155
TITLE	ST
NAME	CARO, TERESITA
STREET ADDRESS	7380 S.W. 42ND ST.
CITY ST ZIP	MIAMI FL 33155

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY ST ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY ST ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
6. CITY ST ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY ST ZIP

14. I hereby certify that the information supplied with this report is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information contained in the annual report or supplemental annual report is true and complete 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 registered agent designated to complete the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached list, if applicable, signed with an asterisk.

SIGNATURE: PRESIDENT 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0105063 CP