

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/04/1993
22 City & State 27	28 City & State	4. FEI Number 65-0407865
23 Zip 24	25 Country 29	5. Certificate of Status Desired 6. Election Campaign Financing
26 Zip 25	27 Country 30	7. Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible
9. Name and Address of Current Registered Agent CARO, JUAN R SR 7380 S.W. 42ND ST. MIAMI FL 33155		9. Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 607.0502 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	NAME CARO, JUAN R SR	<input type="checkbox"/> DELETE 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE VD	NAME CARO, JUAN R JR	<input type="checkbox"/> DELETE 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE ST	NAME CARO, TERESITA	<input type="checkbox"/> DELETE 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 in an attachment with an addendum.

SIGNATURE:

1-20-98

CR2E034 (10/97)