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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000035888 (5)

1. Corporation Name  
M.A.E. DEVELOPERS, INC.



Principal Place of Business  
1501 E. HALLANDALE BCH. BLVD.  
#310  
HALLANDALE FL 33009  
US

Mailing Address  
1501 E. HALLANDALE BCH. BLVD.  
#310  
HALLANDALE FL 33009-4618  
US

3. Date Incorporated or Qualified 05/13/1993	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0410457	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business  
21 102 SW 1st street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 SAME  
Suite, Apt. #, etc.

22 City & State  
23 Hallandale, FL  
24 33009 25 US

27 City & State  
28  
29 Zip 30 Country

9. Name and Address of Current Registered Agent

POPLACK, ARIEL ESQ.  
4700-B SHERIDAN ST.  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: Naomi A. Rosen (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	PRES-V.P.
NAME	ROSEN, EUGENIA	1.2 NAME	NAOMI ROSEN
STREET ADDRESS	1501 E. HALLANDALE BEACH BLVD, #310	1.3 STREET ADDRESS	102-SW 1st ST.
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	P	2.1 TITLE	
NAME	ROSEN, ISAAC	2.2 NAME	
STREET ADDRESS	1501 E. HALLANDALE BEACH BLVD., #310	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: April 1st 97 Naomi A. Rosen 458-6073  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Phone #

CR2E034 (9/96)