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 # **P93000057262 (6)**

1. Corporation Name

MACAVI, INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD TE 701 MIAMI FL 33134 US	901 PONCE DE LEON BLVD STE 701 MIAMI FL 33134 US

3. Date Incorporated or Qualified: 08/16/1993
3a. Date of Last Report: 08/03/1995

2. Principal Place of Business
21:

2a. Mailing Address
26: 7601 E TREASURE DR

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27: # 1023

City & State
23:

City & State
28: N BAY VILLAGE FL

Zip: 24:
Country: 25:

Zip: 29: 33141
Country: 30: USA

4. FEI Number: 65-0436781 — 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

ALBORNOZ, WILLIAM H
3191 CORAL WAY
SUITE 510
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: Jacqueline S. Soares
82 Street Address (P.O. Box Number is Not Acceptable): 7601 E TREASURE DR # 1023
83:
84 City: N. BAY VILLAGE FL 85 Zip Code: 33141

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: Jacqueline S. Soares — JACQUELINE S. SOARES — DATE: 06/26/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE MATTOS VIEIRA, MANOEL C		1.2 NAME		
STREET ADDRESS	1401 BRICKELL AVE SUITE 320		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARINI, LINO D G		2.2 NAME		
STREET ADDRESS	1401 BRICKELL AVE, STE 320		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: X — 06/26/96 (Date) — 305 8650727 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANOEL S. DE MATTOS VIEIRA — Director