

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$373)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

**DOCUMENT # P93000061390 (9)**

1. Corporation Name  
**MARIA MODAS, INC.**

Principal Place of Business: **KEY BISCAYNE FL 33149**  
 Mailing Address: **KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/02/1993** 3a. Date of Last Report: **06/09/1994**

2. Principal Place of Business: **21 9800 NW 77 AVE** 2a. Mailing Address: **26 9800 NW 77 AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State: **23 HIALEAH GARDEN FL** City & State: **27 HIALEAH GARDEN FL**  
 Zip: **24 33016** Country: Country: **29 33149** 30  
 4. FEI Number: **65-0435900** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing:  **\$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  
**BATTLE, MARIA J**  
**KEY BISCAYNE FL 33149**

10. Name and Address of Now Registered Agent  
 81 Name: **Abraham Ryz**  
 82 Street Address (P.O. Box Number is Not Acceptable): **330 RIDGEWOOD ROAD**  
 83  
 84 City: **Key Biscayne** FL 85 Zip Code: **33149**

11. Pursuant to the provisions of Sections 607.002 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: **Abraham Ryz** DATE: **07/27/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BATTLE, MARIA J</b>
STREET ADDRESS	<b>330 ISLAND DR</b>
CITY, ST, ZIP	<b>KEY BISCAYNE FL 33149</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGE INFORMATION (SEE INSTRUCTIONS)

1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ABRAHAM RYZ</b>
1.3 STREET ADDRESS	<b>330 RIDGEWOOD ROAD</b>
1.4 CITY, ST, ZIP	<b>Key Biscayne FL 33149</b>
2.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JOSE BATTLE</b>
2.3 STREET ADDRESS	<b>605 WARREN LANE</b>
2.4 CITY, ST, ZIP	<b>KEY BISCAYNE FL 33149</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **Abraham Ryz** DATE: **07/21/95** **866 9098**