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Apr 25 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 # P93000061390 (9)

1. Corporation Name
MARIA MODAS, INC.



Principal Place of Business

9800 NW 78TH AVE
HIALEAH GARDENS FL 33016
US

Mailing Address

9800 NW 78TH AVE
HIALEAH GARDENS FL 33016-2402
US

2. Principal Place of Business

21 9695 NW 79th Ave

Suite, Apt #, etc.

22 25

City & State

23 Hialeah Gardens, FL

Zip

24 33016

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0435900

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

RYDZ, ABRAHAM
330 RIDGEWOOD RD
KEY BISCAVNE FL 33149

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

TITLE ☐ DELETE

NAME
RYDZ, ABRAHAM
STREET ADDRESS
330 RIDGEWOOD RD
CITY-ST- ZIP
KEY BISCAVNE FL

TITLE ☐ DELETE

NAME
BATTLE, JOSE
STREET ADDRESS
605 WARREN LANE
CITY-ST- ZIP
KEY BISCAVNE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abraham Rydz
Date: 4/23/96 Daytime Phone: 827-4681

CR2E034 (9/96)