

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Manderson
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED

10/01/1993
STATE OF FLORIDA

DOCUMENT # **P93000068468 (6)**
1. Corporation Name
MACA DEVELOPMENT CORP.

Principal Place of Business: **1049 E 41ST STREET HIALEAH FL 33013**
Mailing Address: **1049 E 41ST STREET HIALEAH FL 33013**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State Apt # etc: **22**
City & State: **27**
City & State: **28**
Zip: **24** City: **25** City: **29** City: **30**

3. Date incorporated or organized: **10/01/1993**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **65-0440810**
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 not only complied with the provisions of the Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FERNANDEZ, MARIO
1049 E 41ST STREET
HIALEAH FL 33013**

10. Name and Address of New Registered Agent
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0503 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)
By _____ (Signature of Registered Agent)
By _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: D FERNANDEZ, MARIO	STREET ADDRESS: 7201 LOCHNESS DR MIAMI LAKES FL 33014	1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: D CAYON, DIEGO	STREET ADDRESS: 575 E N23RD ST HIALEAH FL 33013	2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	STREET ADDRESS:	3. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	STREET ADDRESS:	4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	STREET ADDRESS:	5. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	STREET ADDRESS:	6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	STREET ADDRESS:	7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in law from Title 23, Florida Statutes. I further certify that the information indicated on the statement report is a true and accurate copy of the information and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the company or trust whose record is used in the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report or on an attachment with an address.

SIGNATURE: *MARIO FERNANDEZ* Director **4-12-95** (305) 619-7687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR