Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90030 019 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400006274

1. Corporation Name

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRE 35

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MAGGIE ENTERPRISI	ES, INC							
Principal Flace of Business		Mailing Address				IDIN GUND BUSIN GA	lit <b>gy</b> if <b>u b</b> ilib ilwii 1	
420 LINCOLN ROAD SUITE #330 MIAMI BEACH FL 33139 US		420 LINCOLN ROAD SUITE #330 MIAMI BEACH FL 33139 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/26/1994				
2. Principal Place of Business		2a. Mailing Address	<u></u> -		4. FEI Number		Ap	lied For
21 401 - 80 STREET		26 P. OBOX 416704		65-0462377		<u> </u>	No: Applicable	
Suite, F.pt. #, etc.		Suite, Apt. #, etc.		5. Certife ate of Status Design	ed []	<b>\$8.75</b> A Fee Re	_	
City & State 23 MIAMI BEACH - FL		City & State 28 MIAHI BEACH - FL		6. Election Campaign Financing Trust Fund Contribution  5.00 May Be Added to Fees				
hl	Country	Zip	Country	<del></del> -	8. This corporation owes th	e current vear	Intangible	
_ ·	DADE	29 33/4/ 3	O DA.	D€	Personal Property Tax.			□No
	Address of Current				10. Name and Address of I	lew Register	d Agent	
CALCERRADA, MARIA 4:20 LINCOLN ROAD SUITE 330 MIAMI BEACH FL 33139			82		dress (P.O. Box Number is Not A	cceptable)	los Zin C	
			84	,		F		J
office or registered agent, of agent. I am familiar with, ar	or both, in the State o	and 607.1508, Florida Statutes of Florida. Such change was authons of, Section 607.0505, Florid	norizea by	tne corpor⊪	rporation submits this statement for tion's board of directors. I hereby	accept trie app	oi changing its pointment as reg	istered
SIGNATURE Marie	D. Culculated not me of registered agent	and title if applicable (NOTE: R	enistered Ane	nt signature red II	red when reinstating)	79 DATE		}
12.	OFFICERS ANI		13.	- In Digital of Four	ADDITIONS/CHANGES T	O OFFICERS	AND DIRECTO	RS IN 12
TITLE PD		DELETE	1.1 TITLE				Change	Addition
NAME CALCERRADA	A, MARIA B		1.2 NAME					1
STREET ADDRESS 525 N.W. 27T	H AVE. #200		13 STREE	TADORESS				
CITY-ST-ZIP MIAMI FL 331	25	☐ DELETE	1.4 CITY-S	T-ZIP				
TITLE			2.1 TITLE	Ì			Change	Addition \
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	<del></del> _		2 4 CITY-	ST-ZIP .			☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE				□i cuan∂a	
NAME			3 2 NAME					Į
STREET ADORESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			Change	Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 attach nent with an address, with a lighter like empowered.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

Waria B. Colourala - MARIA B. Colo RRADA 4-23-99
SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Change

☐ Change

☐ Addition

Addition