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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #	P94000017538	(7)
L. Comparation Name		

1. Corporation Name MAYOD ENTERPRISES USA, INC.						
Mailing Address						
1403 S.E. 2ND AVE. Dania Fl 33004						



	1403 S.E. 2ND AVE. Dania Fl 33004				1403 S.E. 2ND AVE. Dania Fl 33004								
									 Date Incorporated or Qualified 03/07/1994 	3a. Date o	f Last R 5/01/19		
2. F	rincipal Pla	ce of Busin	ess	2a.	Mailing Address				4. FEI Number		\ 	Applied For	
21				26	26				65-0479821 Not Applicable				
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required					
Crty & State				City & State				6. Election Campaign Financing		\$5.0	0 May Be		
23	,			28					Trust Fund Contribution	L	Adde	d to Fees	
			Country		Zip	Co	untry		8. This corporation has liability for i	ntang ble tax	under s	199.032,	
24			25	29		30			Florida Statutes 🔲 Yes	□ No			
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent					
							81	Name					
MAHON, TIMOTHY K						82	Street Add	ress (P.O. Box Number is Not Acceptab	le)				
2929 E. COMMERCIAL BLVD.					01	Olicet Add	1033 (* 10. 001) 15 15 15 15 15 15 15 15 15 15 15 15 15	-,					
ENTHOUSE E						B3							
			E FL 33308				84				85 Z	p Code	
	V	ODEI IDAL	C 1 E 00000				64	City		FL	03 2	p 000e	
11.	or registers	ed agent lo	ions of Sections 607.05 both, in the State of Fi opt the obligations of, Se	hrida Such	i change was authorize	ed by the	ove-r corp	named corpo oration's bos	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of char ointment as r	iging its i egistered	registered office d agent. I am	
SIG	NATURE									DATE			
Signature, typed or on test hance of registers clayer than ditributing planton. (NOTE Bugisteroc							1 signat iro raquio	ADDITIONS/CHANGES 10 OFF		DIFFCTO	DRS IN 12		
12.		PD	OFFICENS	IND DIFFER	DELETE		THILE		7,0011101101101111111111111111111111111		Change	Addition	
NAM	V		evski, vojo				NAME						
	_		S.E. 2ND AVE.			- 1		ADDRESS					
	ET ADDRESS						CITY-5						
	-ST-ZIP	Didn't Cooot		TITLE	11-21			Change	Addition				
THTL	-	, ,,,,,	IDOV TO LIVO		L. J DECE IL	_	NAME			_			
NAM	_		JROV, TRAJKO					ADDRESS					
-	ET ADDRESS	i	S.E. 2ND AVE.					- 1					
	-ST-ZIP	DANI	A FL 33004		TT DELFTE		CITY - S TITLE	21 - 711,		Г	Change	Addition	
TITU					[] DECLIFE					L.	, 590		
NAM	iF.	1				■ 32	NAME	1					

3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - \$1 - 2IF CITY-ST-ZIP Addition DELETE Change 4 1 TIFLE TITLE 4.2 NAME NAME **300001800523** -04/30/36--01015--010 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$T - ZIP CITY-ST-ZIP ***208.75 Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY - ST - ZiP CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 MO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR