

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Jun 28 1996 8:00 am

Secretary of State

DOCUMENT # P94000019095 (6)

1. Corporation Name

A.E. MASON LTD., CORP.

Principal Place of Business

3709 ALCANTARA AVE.
MIAMI FL 33178

Mailing Address

3709 ALCANTARA AVE.
MIAMI FL 33178



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

MASON, ANTHONY
3709 ALCANTARA AVE.
MIAMI FL 33178

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/11/1994

3a. Date of Last Report

06/12/1995

4. FEI Number

65-0474646

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

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 or director or officer)

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

MASON, ANTHONY
3709 ALCANTARA AVE.
MIAMI FL 33178

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)