FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 14 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 # **P94000019095 (6)**

1. Corporation Name
A.E. MASON LTD., CORP.

Principal Place of Business	Mailing Address
~~3709 ALCANTARA AVE.~~ ~~MIAMI FL 33178~~	~~3709 ALCANTARA AVE.~~ ~~MIAMI FL 33178-2361~~

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report: 06/28/1996

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

2. Principal Place of Business	2a. Mailing Address
21 6368 N.W. 82 AVE.	26 6368 N.W. 82 AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL.
24 Zip: 33166 25 Country: DADE	29 Zip: 33166 30 Country: DADE

9. Name and Address of Current Registered Agent

MASON, ANTHONY
~~3709 ALCANTARA AVE.~~
~~MIAMI FL 33178~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6368 N.W. 82 AVE.
83
84 City: MIAMI FL 85 Zip Code: 33166

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, type or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	MASON, ANTHONY		1.2 NAME	MASON, ANTHONY	
STREET ADDRESS	~~3709 ALCANTARA AVE.~~		1.3 STREET ADDRESS	6368 NW 82 AVE.	
CITY-ST-ZIP	~~MIAMI FL 33178~~		1.4 CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	VP	☐ DELETE	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	MASON, JOYCE		2.2 NAME	MASON, JOYCE	
STREET ADDRESS	~~3709 ALCANTARA AVE~~		2.3 STREET ADDRESS	6368 N.W. 82 AVE.	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: