

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:56

DOCUMENT # P94000031162 (8)

1. Corporation Name

MAURICE BUSINESS CO.

Principal Place of Business

Mailing Address

210-174 STREET  
SUITE 1901  
NORTH MIAMI BEACH FL 33160

210-174 STREET  
SUITE 1901  
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
04/18/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

Florida Statutes  Yes  No

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OVADIA, GINETTA  
210-174 STREET  
SUITE 1901  
NORTH MIAMI BEACH FL 33160

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 607.0502 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

*Gina G*

*Ginetta Ovadia*

(Typed or printed name of registered agent and title of application)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME OVADIA, GINETTA  
STREET ADDRESS 210-174 STREET, #1901  
CITY- ST- ZIP NORTH MIAMI BEACH FL 33160

1. TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE D  
NAME OVADIA, JOSEPH  
STREET ADDRESS 3745 PICADILLY STREET  
CITY- ST- ZIP HOLLYWOOD FL 33021 *Delete*

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP *Delete*

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

*Gina G*

(Typed and printed name of signing officer on this form)

2-07-95

Date

654-8833

(Typed Name)