

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90068 014 ***150.00

DOCUMENT # P94000046156

1. Corporation Name
MAYAN INDUSTRIES, INC.

Principal Place of Business
115 NE 202 TERRACE
APT M30
N MIAMI BEACH FL 33179
US

Mailing Address
P.O. BOX 350453
FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

NOT APPLICABLE

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

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 11032 NW 8 CT.

Suite, Apt. #, etc.

22 Plantation, FL

City & State

23 33324 USA

Zip

Country

24

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 AS

City & State

28 ABOVE

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LOPEZ, ANDRES
115 N.E. 202 TERRACE
APT. M30
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name

MATTIAS MAGNUSSON

82 Street Address (P.O. Box Number is Not Acceptable)

11032 NW 8 CT.

83

84 City

Plantation

FL

85 Zip Code

33324

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MATTIAS MAGNUSSON, Pres 4-5-99

12. OFFICERS AND DIRECTORS

TITLE P LOPEZ, ANDRES ☒ DELETE

NAME
STREET ADDRESS 115 N.E. 202 TERRACE APT. M30
CITY-ST-ZIP NO. MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Magnusson, mattias
1.3 STREET ADDRESS 11032 NW 8 CT.
1.4 CITY-ST-ZIP Plantation, FL 33324

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99 954-452-4689

0318256

CR2E034 (11/98)