

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90088 033 ***158.75

DOCUMENT # P94000048041

1. Entity Name
MAPAXEL CORPORATION

Principal Place of Business 726 ARTHUR GODFREY ROAD 2ND FLOOR BEACH FL 33140-0665	Mailing Address P.O. BOX 402665 MIAMI BEACH FL 33140-0665 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 141 NE 3rd Ave 10 floor Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33132	Country
Country	Zip Country

4. FEI Number 65-0515847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**HASSAN, JOSE HADIDA
 726 ARTHUR GODFREY ROAD
 2ND FLOOR
 MIAMI BEACH FL 33140-0665**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
6423 Collins Ave # 1105
 City **MIAMI BEACH** FL Zip Code **33141**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  **JOSE HADIDA HASSAN** DATE **01/06/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME JOSE, HADIDA-HASSAN	
STREET ADDRESS 726 ARTHUR GODFREY ROAD, 2ND FLOOR	
CITY-ST-ZIP MIAMI BEACH FL	
TITLE VP	<input type="checkbox"/> Delete
NAME ALICIA HADIDA HASSAN	
STREET ADDRESS 6423 COLLINS AVE	
CITY-ST-ZIP MIAMI FL 33140	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6423 Collins Ave # 1105	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSE HADIDA HASSAN** DATE **01/06/99** DAYTIME PHONE # **(305) 538-5685**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)