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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **P94000064019 (0)**1. Conversion Name

MATER GIFT CORP.

Principal Place of Business	Mailing Address
14905 S.W. BOTH ST.	14905 S.W. 80TH ST.
#2091	#2091
MIAMI FL 33193	MIAMI FL 33193

FILED Apr 24 1996 8:00 am Secretary of State

MIAMI FL 33193		MIAMI FL 33193			3. Date incorporated or Qualified 3a. Date of Last Report 08/30/1994 08/15/1995				
2. Principal Place of Business		2a. Mailing Address				4, FEI Number			Applied For
1		26				65-0514313			Not Applicable
Suite, Apt. #, etc. Suite, A 2 27			e, Apt. #, etc.			5. Certificate of Status Desired Security Fae Required			
City & State 28		Oity & State	¬ ´			6. Election Campaign Financing Trust Fund Contribution St.00 May B Added to Fees			
LL		7ip 29	Country 30				s ⊠ No		199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered A	gent	
SOTOM	IAYOR, MARIA T		Ĺ		arne treet Artdre	ess (P.O. Box Number is Not Acceptal	ole)		
	S.W. BOTH ST.								
#201				83					
Miami i	FL 33193		<u> </u>	B4 C	ity			85 Z	p Code
SIGNATURE _	Signature, typed or printee name of registered agent a OFFICERS AND		NOTE Registered A	Agent sig	natize required	wice renstating: ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	DIRECTO	DRS IN 12
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14. I do hereby certify that the information supplied with this filing is volur tarily furnished and does not out if y for the exemption stated in Section 119.07(3)(k), 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 coats, 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.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING OR PRINTED NAME OF SIGNING OR PRINTED NAME OF SIGNING OR PRINTED NAME OR SIGNING OR SIG

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