

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

DOCUMENT # P94000064019

1. Corporation Name

MATER GIFT CORP.

Principal Place of Business

5501 NW 72ND AVENUE
MIAMI FL 33166
US

Mailing Address

14906 S.W. 80TH ST.
#2091
MIAMI FL 33193

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90019 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

4. FEI Number

65-0514313

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7205 N.W. 68th St. Bay 7

2a. Mailing Address

26 7205 N.W. 68th St.

Suite, Apt. #, etc.

22 Bay #7

Suite, Apt. #, etc.

27 Bay #7

City & State

23 Miami, Fla.

City & State

28 Miami, Fla.

Zip

24 33166

Country

25 USA

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

SOTOMAYOR, MARIA T
14905 S.W. 80TH ST.
#201
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name

Mark B. Slavin, Esq.

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

1031 North Miami Beach Blvd.

83

North Miami Beach, Fla.

84 City

FL

85 Zip Code
33162

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

Mark B. Slavin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SOTOMAYOR, MARIA T
14905 S.W. 80TH ST. #201
MIAMI FL 33193

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
MACCULLOCH, CARLOS A
14905 S.W. 80TH ST. #201
MIAMI FL 33193

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PTDS
SOTOMAYOR, MARIA T
c/o 1031 North Miami Beach Blvd.
North Miami Beach, Fla. 33162

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Omit any reference to
Carlos A. Macculloch

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

3/22/99 (305) 863 9333

Date

Daytime Phone #