FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075910 (7)

1. Corporation Name
MAINTENANCE AUTHORITY, INC.

Principal Place of Business	Mailing Address
13727 S.W. 152ND ST. #214 MIAMI FL 33177	13727 S.W. 152ND ST. #214 MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
ZIP (24) | County (25) | ZIP (29) | County (30)

4. FEI Number: 65-0552347 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COSSIO, AMID
13727 S.W. 152ND ST.
#214
MIAMI FL 33177

10. Name and Address of New Registered Agent

01 Name: AMID COSSIO
02 Street Address (P.O. Box Number is Not Acceptable): 14400 S.W. 112 TERRACE
03: MIAMI
04 City: Miami FL 05 Zip Code: 33186

11. Pursuant to the provisions of Sections 607.0505 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 of, or on behalf of, the Registered Agent) (New Registered Agent's signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	COSSIO, AMID	12 NAME	
STREET ADDRESS	13727 S.W.1 52ND ST. #214	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33177	14 CITY ST ZIP	
TITLE		21 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		22 NAME	SANDA COSSIO
STREET ADDRESS		23 STREET ADDRESS	13727 S.W. 152 ST #214
CITY ST ZIP		24 CITY ST ZIP	MIAMI FL 33177
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	300001481353
STREET ADDRESS		33 STREET ADDRESS	-05/09/95--01115--012
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 4/10/95 (305) 388-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0104355 CP