

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000076674 (8)**

1. Corporation Name  
**THE MAS AGENCY, INC.**



Principal Place of Business  
**8603 S DIXIE HWY SUITE 217  
MIAMI FL 33143**

Mailing Address  
**P O BOX 430780  
MIAMI FL 33243-0780  
US**

3. Date Incorporated or Qualified **10/19/1994** 3a. Date of Last Report **06/02/1995**

2. Principal Place of Business  
21 **2600 Douglas Road**

2a. Mailing Address

Suite, Apt. #, etc.  
22 **Suite 500A**

Suite, Apt. #, etc.

City & State  
23 **Coral Gables, Florida**

City & State

Zip  
24 **33134** Country  
25 **USA**

Zip Country

4. FEI Number **65-0532848** 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 s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAE, LISA L  
8603 S DIXIE HWY  
STE 217  
MIAMI FL 33143**

81 Name

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

**2600 Douglas Road, Suite 500A**

83

84 City **Coral Gables**

FL

85 Zip Code  
**33134**

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 filer of application

(Not Filer) Registered Agent signature required when registering

(Filer)

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **MAS CANOSA, RAMON E**  
STREET ADDRESS **6301 SW 106TH ST**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **DST** ☐ DELETE  
NAME **MAS, LISA L**  
STREET ADDRESS **6301 SW 106TH ST**  
CITY-ST-ZIP **MIAMI FL 33156**

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

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 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)(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 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: **Sandra B. Mortham, Secretary of State** **4/22/96** **(305) 527-0075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)