

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000090999

1. Corporation Name

MAF HOLDINGS, INC.

Principal Place of Business

Mailing Address

Suite 1500
1101 Brickell Avenue
Miami, Fl. 33131

Suite 1500
1101 Brickell Avenue
Miami, Fl. 33131

3. Date Incorporated or Qualified
12/15/1994

3a. Date of Last Report
4/5/95

2. Principal Place of Business

2a. Mailing Address

21 1101 Brickell Ave.

26

4. FEI Number
65-0549285

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 1500

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami, Florida

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33131

25

USA

29

30

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

FREUDE, MARIO A.

81 Name

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

1101 Brickell Avenue

83

Suite 1500

84

City
Miami

FL

85 Zip Code
33131

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 title (if applicable)

(NOTE: Registered Agent Signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P
NAME Freude, Mario A.
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS 1101 Brickell Ave.; Suite 1500
14 CITY-ST-ZIP Miami, Fl. 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME D/V/S/T
23 STREET ADDRESS Valdich, Luis A.
24 CITY-ST-ZIP 1101 Brickell Ave.; Suite 1500
Miami, Fl. 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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

Mario A. Freude, Pres.

4.4.96

(305) 371 9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)