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Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000090999 (1)

1. Corporation Name  
MAF HOLDINGS, INC.

Principal Place of Business

1101 BRICKEL AVENUE  
SUITE 1500  
MIAMI BEACH FL 33131

Mailing Address

1101 BRICKEL AVENUE  
SUITE 1500  
MIAMI BEACH FL 33131-3117

3. Date Incorporated or Qualified 12/15/1994	3a. Date of Last Report 04/09/1996
4. FEI Number 65-0549285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1101 BRICKELL AVE	26 SAME
22 SUITE 1500	27 Suite, Apt. #, etc.
23 MIAMI FL	28 City & State
24 33131 25 USA	29 Zip 30 Country

## 9. Name and Address of Current Registered Agent

FREUDE, MARIO A  
1101 BRICKEL AVENUE  
SUITE 1500  
MIAMI BEACH FL 33131

## 10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	FREUDE, MARIO A	1.2 NAME	FREUDE, MARIO A
STREET ADDRESS	1101 BRICKEL AVENUE	1.3 STREET ADDRESS	1101 BRICKELL AVE.
CITY - ST - ZIP	MIAMI BEACH FL 33131	1.4 CITY - ST - ZIP	MIAMI, FL 33131
TITLE	DVST	2.1 TITLE	DVST
NAME	VALDICH, LUIS A	2.2 NAME	VALDICH, LUIS A
STREET ADDRESS	1101 BRICKEL AVENUE	2.3 STREET ADDRESS	1101 BRICKELL AVE
CITY - ST - ZIP	MIAMI BEACH FL 33131	2.4 CITY - ST - ZIP	MIAMI, FL 33131
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 or Block 14, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

(305) 371-9393

Daytime Phone #

CR2E034 (9/96)