SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 25 AM 10: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000092962 (7)

1. Corporation Name
MAC BROKERS CORP.

Principal Place of Business	Mailing Address
15002 SW 45TH LN MIAMI FL 33185	15002 SW 45TH LN MIAMI FL 33185

2. Principal Place of Business	2a. Mailing Address
21 1470T NW 107 av	26 1470T NW 107 av
Suite, Apt. #, etc. 22 Miami Fl	Suite, Apt. #, etc. 27 miami Fl
City & State 23 33156	City & State 28 33156
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report:
4. FEI Number: 65-0545 5142 — ☐ 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

~~DELGADILLO, LUIOS O~~
~~14727 SW 46TH LN~~
~~MIAMI FL 33185~~

10. Name and Address of New Registered Agent

81 Name: Aurelio A. Piedra
82 Street Address (P.O. Box Number is Not Acceptable)
83 780 N.W Lejeune Rd # 516
84 City: Miami FL 85 Zip Code: 33126

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] Date 7/19/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	~~DELGADILLO, LUIS O~~	12 NAME	
STREET ADDRESS	~~14727 SW 46TH LN~~	13 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL 33185~~	14 CITY ST ZIP	
TITLE	P/S	21 TITLE	☐ Change ☐ Addition
NAME	Manuel Ramirez	22 NAME	
STREET ADDRESS	1470 NW 107 Ave Suit (T)	23 STREET ADDRESS	
CITY ST ZIP	Miami, Fl 33172	24 CITY ST ZIP	
TITLE	S Manuel Ramirez	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS	1470T NW 107 av	33 STREET ADDRESS	
CITY ST ZIP	Miami Fl 33156	34 CITY ST ZIP	
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)(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: Manuel Ramirez [signature] (305) 443-7122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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