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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

1996

P95000007454 (8) **DOCUMENT #** 

## MASTER BUSINESS CORPORATION

Principal Place of Business Mailing Address



ATTN: MARCELO HAIMENIS 7973 NW 21 ST. MIAMI FL 33122			ATTN: MARCELO HAIMENIS 7973 NW 21 ST. MIAMI FL 33122			Date Incorporated or Qualified     O1/23/1995	f Last Report	
			Mailing Address			4. FEI Number	Applied For	
[21]			1			65-0523036	Not Applicable	
Suite, Apt. #, etc. 22			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Z , Z	Zip Country		/	8. This corporation has liability for intangible tax under s 199.032,		
24	[25]	29	30			Florida Statutes 💢 Yes 🗌 No		
	9. Name and Address of Curr	ent Register	red Agent			<ol> <li>Name and Address of New Registered Ag</li> </ol>	jent	
	Amma.a			81	Name			
BAND, SERGIO				82	Street	Address (P.O. Box Number is Not Acceptable)		
8320 NW 14 STREET					1			
MIAMI	FL 33126			83				
				84	City		85 Zip Code	
1 5 1					1	<b></b> [ ;	1 1	
	o the provisions of Sections 607,050 agent, or both, in the State of Flo h, and accept the obligations of, Se			, the above- d by the corp	named co poration's	orporation submits this statement for the purpose of chang board of directors. I hereby accept the appointment as re	ging its registered office gistered agent. I am	
	Signature, typied or printed name of registered ago	ni and title fappi	cable (NOTE	. Registeric Agr.	nt signature r	equires wife on reinstating DATE		
12.	OFFICERS A	ND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND D	BECTORS IN 12	
TITLE	D		DELETE	1. 1 TITLE		PRESIDENT	Change K Addition	
NAME	BAND, SERGIO			1.2 NAME		MARCELO HAIMENIS		
STREET ADDRESS	8320 NW 14 STREET			1.3 STREE	ADDRESS	9782 NW 31 STREET		
DITY-ST-ZIP	MIAMI FL 33126			14 CHY-	ST-7IP	MIANI, FL 33172		
TITLE			DEL ETE	2 1 TITLE			Change [ ] Addition	
NAME				2 2 NAME				
STREET ADDRESS				2.3 STREE	ADDRESS			
CITY - ST - ZIP				2.4 CITY-1	37 - 24P			
TITLE			DELETE	3 1 TITLE			Change	
NAME				3.2 NAME	'	<del></del>	- 23	
STREET ADDRESS				33 STREE	F ADDRESS			
CITY-SI-ZIP	·			3.4 CiTY - 5	T-ZIP			
TITLE			DELFTE	4 1 TITLE			Change	
NAME				4.2 NAME	!			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	T-ZIP			
TITLE			☐ DELETE	5. 1 TITLE		7000018562d -06/07/9601081014	Tange Addition	
NAME				5.2 NAME	· i	-06/07/9601081014		
STREET ADDRESS				5.3 STREET	ADDRESS	***225.00		
CITY-ST-ZIP				5.4 CITY - S	T-ZIP			
TITLE			DELETE	6 1 TITLE			Change	
NAME				6.2 NAME	ļ	_	1 3 01	
STREET ADDRESS				63 STREET	ADDRESS		6-1-76	
CITY-ST-ZIP				6.4 DHY-S	T-7IP		<b>48</b> 6	

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corphration of 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 this nation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE OF TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR