

FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90019 001 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999
DOCUMENT # P95000032517
1. Corporation Name
MAYO INTERNATIONAL CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business
1770 79TH ST. N. CSWY
SUITE D-215
NORTH BAY VILLAGE FL 33141
US

Mailing Address
1770 79TH ST. N. CSWY
SUITE D-215
NORTH BAY VILLAGE FL 33141
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/24/1995

4. FEI Number
65-0591189

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent
YON, CLARA
1770 79TH ST. NORTH CAUSEWAY
SUITE D-215
NORTH BAY VILLAGE FL 33141

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	TITLE
YON, CLARA	1770 79TH ST. N. CSWY, STE. D-215	NORTH BAY VILLAGE FL 33141	<input type="checkbox"/>	1.1	YON, CLARA	1770 79TH ST. N. CSWY, STE. D-215	NORTH BAY VILLAGE FL 33141	<input type="checkbox"/>	1.1
			<input type="checkbox"/>	2.1				<input type="checkbox"/>	2.1
			<input type="checkbox"/>	3.1				<input type="checkbox"/>	3.1
			<input type="checkbox"/>	4.1				<input type="checkbox"/>	4.1
			<input type="checkbox"/>	5.1				<input type="checkbox"/>	5.1
			<input type="checkbox"/>	6.1				<input type="checkbox"/>	6.1
			<input type="checkbox"/>	7.1				<input type="checkbox"/>	7.1
			<input type="checkbox"/>	8.1				<input type="checkbox"/>	8.1
			<input type="checkbox"/>	9.1				<input type="checkbox"/>	9.1
			<input type="checkbox"/>	10.1				<input type="checkbox"/>	10.1
			<input type="checkbox"/>	11.1				<input type="checkbox"/>	11.1
			<input type="checkbox"/>	12.1				<input type="checkbox"/>	12.1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

CR2E034 (11/98)