


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90075 042 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000045124

1. Corporation Name

FLORIDA MAYA CORPORATION

Principal Place of Business
 2721 GULF BOULEVARD
 INDIAN ROCKS BEACH FL 33785

Mailing Address
 2721 GULF BOULEVARD
 INDIAN ROCKS BEACH FL 33785



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/06/1995 | |
| 21 | | 2b | | 4. FEI Number 59-3318326 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | | 28 | | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Zip | | Zip | | 9. Name and Address of Current Registered Agent | |
| 24 | | 29 | | 10. Name and Address of New Registered Agent | |
| Country | | Country | | 81 Name JOHN C. NEWRIK | |
| 25 | | 30 | | 82 Street Address (P.O. Box Number is Not Acceptable) 1976 ALT. 19 SOUTH | |
| 26 | | 31 | | 83 | |
| 27 | | 32 | | 84 City TARPON SPRINGS | |
| 28 | | 33 | | 85 Zip Code FL 34689 | |

RONDEAU, ROBERT
1976 ALTERNATE 19 SOUTH
TARPON SPRINGS FL 34689

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 | NAME | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 1.2 NAME | |
| STREET ADDRESS | CITY-ST-ZIP | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | NAME | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 2.2 NAME | |
| STREET ADDRESS | CITY-ST-ZIP | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 3.2 NAME | |
| STREET ADDRESS | CITY-ST-ZIP | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 4.2 NAME | |
| STREET ADDRESS | CITY-ST-ZIP | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 5.2 NAME | |
| STREET ADDRESS | CITY-ST-ZIP | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 6.2 NAME | |
| STREET ADDRESS | CITY-ST-ZIP | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BRAHAM AOUCHICHE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)