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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000082174 (0)

1. Corporation Name

MAH-MACEDO ASSESSORIA, INC.



Principal Place of Business

Mailing Address

6666 S.W. 115TH COURT
NO. 109
MIAMI FL 33283

6666 S.W. 115TH COURT
NO. 109
MIAMI FL 33283

2. Principal Place of Business

2a. Mailing Address

21 6666 S.W. 115th Ct.

26 "Same"

State, Apt. #, etc.

State, Apt. #, etc.

22 # 109

27

City & State

City & State

23 Miami, FL

28

24 33283

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/24/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0634994

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

10. Name and Address of New Registered Agent

MACEDO, FLAVIO
6666 S.W. 115TH COURT
NO. 109
MIAMI FL 33283

81 Name

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

83

84 City

FL

85 Zip Code

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 of a shareholder

Signature, typed or printed name of registered agent and of a shareholder

DATE

4/26/96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
MACEDO, FLAVIO
STREET ADDRESS
6666 S.W. 115TH COURT, 109
CITY-ST-ZIP
MIAMI FL 33283

2. TITLE ☐ DELETE

NAME
SOUZA MACEDO, DINAH O
STREET ADDRESS
6666 S.W. 115TH COURT, 109
CITY-ST-ZIP
MIAMI FL 33283

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 1. TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 1. TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1. TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1. TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 1. TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 its 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

Signature Printed Name

CR2E034 (12/95)