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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000082174 (0)

1. Corporation Name

MAHMACEDO ASSESSORIA, INC.

Principal Place of Business

~~8888 S.W. 115TH COURT~~ 8901 S.W. 142<sup>nd</sup> Ave.  
~~100~~ # 6-38  
MIAMI FL ~~33283~~ 33186  
US

Mailing Address

~~8888 S.W. 115TH COURT~~ 8901 S.W. 142<sup>nd</sup> Ave.  
~~100~~ # 6-38  
MIAMI FL ~~33283~~ 33186  
US



2. Principal Place of Business

21 8901 S.W. 142<sup>nd</sup> Ave.  
Suite, Apt. #, etc.

22 6-38  
City & State

23 Miami, FL.  
Zip

24 33186

Country

25 Dade

2a. Mailing Address

26 8901 S.W. 142<sup>nd</sup> Ave.  
Suite, Apt. #, etc.

27 6-38  
City & State

28 Miami, FL.  
Zip

29 33186

Country

30 Dade

3. Date Incorporated or Qualified  
10/24/1995

3a. Date of Last Report  
05/01/1996

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

9. Name and Address of Current Registered Agent

MACEDO, FLAVIO

~~8888 S.W. 115TH COURT~~  
~~NO. 100~~

MIAMI FL 33283

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

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 for 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

TITLE ☐ DELETE

NAME PD  
MACEDO, FLAVIO  
STREET ADDRESS ~~8888 S.W. 115TH COURT, 100~~ 8901 S.W. 142<sup>nd</sup> Ave.  
CITY - ST - ZIP MIAMI FL ~~33283~~ 33186

TITLE ☐ DELETE

NAME STD  
SOUZA MACEDO, DINAH O  
STREET ADDRESS ~~8888 S.W. 115TH COURT, 100~~ 8901 S.W. 142<sup>nd</sup> Ave.  
CITY - ST - ZIP MIAMI FL ~~33283~~ 33186

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0234430

CR2E034 (9/96)