SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # 1. Corporation Name

P95000094783 (4)

MACCAGE INC

Aug 02 1996 8:00 am DIVISION OF CORPORATIONS Secretary of State

MASSAGE, INC.					
ocipal Piace of Business	Mailing Address	16# 661-795-7557	i imigri millir matric manir Abil	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YA ILH EBAI

Principal Piace 15294 S.W. 10 MIAM FL 3319	ATH ST. SUITE 1025 Hored	159	ng Address 94 S.W. 104TH ML FL 33196	हेर आगर पर	940 1005	5-7557 6-2772	What I						
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2. Principal Pla	ice of Business	2a. N	AUGHT Nathing Address SANC	1 N U 7 '		<u> </u>	4. 5	1 Number 5 - 0672	2079	1	×	Applie Not Ap	d For oplicable
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	9. Name and Address of Curr		ea Agent		81	Name	10. 140	ine and Addre	33 01 11011 11	egiatered	Agent	<b></b>	
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	1 Hays Street Lahassee FL 32301-2525				82	Street Addre	855 (P.U	DOX NUMBER IS	NOT MCCEDIA	)			
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office or re agent. I an	o the provisions of Sections 607.0 gistered agent, or both, in the Sta n familiar with land accept the obl	te of Handa i	-Such change	:was autho	rized by	the corporatio	n's board	d of directors 11	tereby acce	pt the app	ointment	as regist	tered
SIGNATURE :	Signative typed or protect name of my stered i	agest and title if a	pplicatio	(NOTE Ro	jutered Agr	ent signature require				ria!i			
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further certify that the enormal appears which his arrival report of 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 617, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

ALFREDO RUIZ

**FILED**