FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000012250 (2) DOCUMENT #

MAUBER INCORPORATED

FILED May 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1 (6 bise 4) (16 chain Bailt Bailt nain antin ann 11 bio 1			
3455 ROYAL I	PALM AVENUE	3455 ROYAL PALM AVENUE					
MIAMI BEACH	FL 33140	MIAMI BEACH FL 33140				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						02/05/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		•		4. FEI Number Applied For	
21		26				65-0682069 Not Applicable	
Suite, Apt	#, el c.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23 Zin	Country	Zip	Cou	intry		Trust Fund Contribution Added to Fees	
Zip	}-···η	r 1	30	attry		8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes	
24	9. Name and Address of Current	29 Registered Agent	[30]	r		10. Name and Address of New Registered Agent	
REI	RIRO, SARAH N	· · · · · · · · · · · · · · · · · · ·		81	Name		
	S ROYAL PALM AVENUE			82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)	
	MI BEACH FL 33140			02	Sireer Addre	655 (F.O. BOX NUMBER IS NOT ACCEPTAGE)	
44417				83	<u> </u>		
				84	City	■■ 85 Zip Code	
				li	-	FL `	
11. Pursuant to the provisions of Socilors 607 0502 and 607 1508, Florida Statutos, 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	Signature, typical or printed halbe of teg sheled again		II Registeres	d Agent	signalure require	ed when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	8	☐ DELETE	1.1 1			Change Addition	
NAME	BERIRO, SARAH		1.2 NA				
STREET ADDRESS	1688 WEST AVE., STE. 603				DDRESS		
CITY-ST-ZIP	MIAMI BEACH FL D	DELFTE	1.4 CI 2.1 TII	TY-ST-	ZIP	Change Addition	
TITLE NAME	BERIRO, MAURICE	beer te	2.2 NA				
STREET ADDRESS	20 MIDDLE RD.				.DDRESS		
	PALM BEACH FL			HTY-ST			
CITY-ST-ZIP TITLE	TACH DENOTITE	DELETE	3 1 1)	• • • • • • • • • • • • • • • • • • • •	`Z.U'	Change Addition	
NAME			3.2 NA	AMÉ			
STREET ADDRESS			3.3 \$1	TREET A	DDRESS		
CITY-ST-ZIP			3 4. C	aty-st	- ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 10			Change Addition	
NAME			4.2 N	IAME			
STREET ADDRESS			4 3 51	TREET A	DORESS		
CITY-ST-ZIP			4.4 CI	TY-ST	- ZIP		
TITLE		☐ DELETE	5 1 TO	TLE		Change Addition	
NAME			5 2 N/	AME			
STREET ADDRESS			5 3 \$1	IREET A	DDRESS		
CITY-ST-ZIP				TY-ST	- ZIP		
TITLE		☐ DELETE	6 1 TO			Change	
name :			62 N/				
STREET ADDRESS					DDRESS		
CITY-ST-ZIP			64 C	TY-ST	- ZIP	0 0 40 07/00/2 50 12 00 44 15 00 44 15 00 44 15 00 44	

14. I hereby cortify 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 altachment with an address.

(305/672-2620