	PLEASE READ	ALL INSTR	UCTIONS	BEFORE (COMPLET	ING THIS FC	PRM.	1.10
,	PLICATION FOR STATEMENT	Sa S	ndra B. Mor ecretary of S	tate' `		ΔP(TON PO	9.192
DOCUMENT # P9600039732					97 DEC - 8 PM 1:00			
1. Corporation Name MAGINATIONZ MAYFAIR, INC.					SECRETARY OF STATE TALL AHASSEE, FLORIDA			
	ATIONZ MATFAIR, INC.					N ICLY II IVIQ	oce, plori	JA .
Principal Place of Business Mailing Addr 637 NORTHWEST TWELFTH AVENUE 637 NORTHWE			TWELFTH AVENUE		-} 	I 18313 Birlə Bâlər Bridə Aridə A	AND HUGO MICH HORRO	ANNA ANAN MARK
1144 11. 11. 11. 11. 11. 11. 11. 11. 11.			FL 33442					
If above a	addresses are incorrect in any way, line thr	ouali incorrect infor	mation and enter c	orrection below.				
2. New Principal Office Address, If Applicable 3. New Ma 3390 Nacy Steet 330			Office Address, If A	Applicable	Date Incorp To Do Busi	porated or Qualified iness in Florida	05/02/1996	3
Sulte, Apt. #, etc. \$\frac{44}{18} \frac{18}{2} City & State City & State					5. FEI Numbe	519366		Applied For Not Applicable
<u>Coco</u> 3317	Country	<u>Coconul</u> 33183	Grove, Country US	}	6.	E OF STATUS DESIRED	\$8.75 Addition	nal Fee required
	and Street Addresses of Each Officer and				ast 3 directors)	_		
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		•	4	Sity / State / Zip	
D	Rosenberg, Ed		637 NORTHWEST TWELFTH AVEN		UE	DEERFIELD BEACH	I FL 33442	
D	SABGA, JOSEPH	186	OTONIHOAW OC		# 182 Coconut Grove, FL 33133			
·			10 N	an 24	#189	LOCOTUL		33/83
					91	000023	69469	99
						-12/11/9 ****165	701056- .00 ****	-007 165.00
			····			A May	210/2	
<u></u>					. (1.00	2/8/9	7
	8. Name and Address of Current	registereo Agent		Name	9. Name and	Address of New Regis	tered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P					P.O. Box Number	is Not Acceptable)		المرد الأ
	ASSEE FL 32301-2525			Sulte, Apt. #, Etc	W. Cer	UTCOT BIN	9 2011	e 1100
City. State Zip Code								
10. I, being	appointed the registered agent of the abo	vo named corporation	on, ara familiar wit	h and accept the o	bligations of Sect	ion 607.0505, F.S.	FL 3	108
Signature of Registered		GISTEPLED AGENT	MUST SIGN			Date		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No								
this rein owed by	that I am an officer or director or the recell statement application, the reason for dissor I the corporation have been paid and the r application is true and accurate, and my sig	lution has been elim ames of Individuals	inated, the corpor listed on this form	ate name satisfies do not qualify for	the requirements an exemption un	of section 607.0401 or	617.0401, F.S., (that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								

IMAGINATIONZ MAYFAIR, INC.

pg.282

December 4, 1997

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find a check in the amount one hundred sixty five dollars (\$165.00) for the Annual Report fee and the Corporate Supplemental fee. As was stated in a conversation with your associate Stacey in your reinstatement division, our mailing address is incorrect and therefore we did not receive any notifications regarding our renewal. The reinstatement application was received November 15, 1997 after reinstatement fees were incurred. We ask that due to these circumstances you waive the reinstatement fee of five hundred eighty five dollars (\$585.00).

Please contact us shoud you require any further information.

Sincerely,

Joseph Sabear President