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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055472 (0)

I am an officer or director of the corporation or the receiver or trus appears in Block 12 or Block 18 if changed, or on an axia changel.

MAYER DEVELOPMENT GROUP, INC.

Principal Place of Business Mailing Address 4590 NO MICHIGAN AVE 4590 NO MICHIGAN AVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-2919 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1996 2. Principal Place of Business Mailing Address 4, FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes Yes 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name MAYER, EMANUEL 4590 NO MICHIGAN AVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 84 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 title if applicable. (NOTE Hegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. Addition DELETE Change TITLE 1.1 TITLE MAYER, EMMANUEL NAME 1.2 NAME MAYER, EMANUEL 4590 NO MICHIGAN AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE A 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 9 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Channe Addition 4.1 THLE TITLE NAME 4. 2 NAME 4.9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 t THEF TITLE NAME 5 2 NAME STREET ADDRESS **5 8 STREET ADDRESS** 54 CHY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.9 STREET ADDRESS** CITY-ST-ZIP 64 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing does of 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

MAYER, Was long