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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 19 1998 8:00am

Secretary of State

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Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000064210 (3)

MAIORA U.S.A., INC.

14. Thereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the reception of the corporation of the reception of the corporation of the reception of the corporation of the reception of the rece

| Disabet Disabet Disabet A Co. | | | | | | | | | | |
|---|-------------------------------|--|----------------------------------|----------------------|--|-------------------------|---------------------------|--|--|--|
| Principal Place of Business Mailing Address | | | | | | | | _ | | |
| 2601 S BAYSHORE DRIVE STE 1485 (250) 2601 S BAYSHORE DRIVE STE 1485 (250) | | | | | | | | D | | |
| MIAMI FL 33133 MIAMI FL 33133 | | | | | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | | | | 3. Date Incorporated or Qualified |
| | | | | | | | | | | 07/31/1996 |
| 2. Principal Place of Business 2a. Mailing A | | | | | | Address | | | | 4. FEI Number Applied For |
| <u> </u> | | | | | 26 | | | | | The state of the s |
| Suite, Apt. #. etc. | | | | | Suite, Apt. #, etc. | | | | | 65-0635207 Not Applicable |
| 22 | | | | | 27 | | | | | 5. Certificate of Status Desired Fee Regulred |
| City & State | | | | | City & State | | | | | |
| 23 | | | | | 28 | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| | Zip Country | | | Zip Country | | | | , | | |
| 24 | 25 | | 29 | | ' | 30 | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | |
| Name and Address | | | ss of Current | | | | | 10. Name and Address of New Registered Agent | | |
| Registered Agent FREEMAN, ROBERT A | | | | | | | | | | |
| | | | IC OTC 4404 | | _ | | | | | |
| 2601 \$ BAYSHORE DRIVE STE 1465 MIAMI FL 33133 | | | | | (4JD | | 82 | Stre | et Address (P.O. Box Number is Not Acceptable) | |
| | | | | | | | 83 | | | |
| | | | | | | | 63 | | | |
| | | | | | | | 84 | City | | 85 Zip Code |
| | | | · | | | | | L | | FL P 0000 |
| 11. Pursuant office or r | to the provis egistered ac | tions of Sections. Section in the section of the se | ons 607.0502 . in the State o | and 60 of Florida | 7.1508, Flori da Sta a. Such ch ange wa | alutes, th as author | ne above rized by | e-nami / the c | ed corpor orporation | ration submits this statement for the purpose of changing its registered in 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 | | ol registered agen | | | | | nt signal | ture required | when reinstating) DATE |
| 12. | 700 | () } | LICERS AND | DIRECT | | | 13. | | · r | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DP | | - 4 | | ☐ DELETE | | 1.1 TITLE | | | Change Addition |
| NAME | FREEMA | | 1.2 NAME | | | | | | | |
| STREET ADDRESS 2601 S BAYSHORE DRIVE ST | | | | | 1480 1356 | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI F | <u>. L</u> | | | | | 1.4 CITY - S | T-ZIP | | |
| TITLE | | | | | ☐ DELETE | 2 | 2.1 TITLE | | V' | ce president Change Addition |
| NAME | | | | 2 2 NA | | | and a BAU shore DC-A-1250 | | | |
| STREET ADDRESS | | | | | | 2 | 2 3 STREET | ADDRES | s 25 | of E. Day short the shiften |
| CITY-ST-ZIP | | | | | | | 2 4 CITY-5 | ST-ZIP | | Anl, FL. 33/33 |
| TITLE | | | | | □ DELETE | 3 | 3.1 TITLE | | 800 | Change Addition |
| NAME | | | | | | 3 | 3 2 NAME | | Fne | ances Lourdes De. #1250 |
| STREET ADDRESS | | | | | | 3 | 3 3 STREET | ADDRES | | |
| CITY-ST-ZIP | | | | | | 3 | 3.4. DITY-5 | ST-ZIP | mi | Ami. PL 31/23 |
| TITLE | | | | | DELETE | 4 | 4.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | | | | 4 | 4.2 NAME | | | |
| STREET ADORESS | | | | | | 4 | 4.3 STREET | ADDRES | is | |
| CITY-ST-ZIP | | | | | | | 4.4 CITY - S | T-ZIP | | |
| TITLE | | | | | DELETE | | 5.1 TITLE | | | Change Addition |
| NAME | | | | | | 5 | 5.2 NAME | | | |
| STREET ADDRESS | · | | | | | • | 5.3 STREET | ADDRES | s | |
| CITY-ST-ZIP | | | | | | | 5.4 CITY-S | | | |
| TITLE | | | | | DELETE | | 6.1 TITLE | , | | Change Addition |
| NAME | | | | | | | 6.2 NAME | | 1 | |
| STREET ADDRESS | | | | | | | S 3 STREET | ADORES | s l | |

oliging with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information emental agricular report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an intercept for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attaching in with an address.

858-3242