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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Motham 🤌

Secretary of State DIVISION OF CORPOR€7IONS

DOCUMENT # P9600068374 (3)

MAPA CONSULTING INC.

NAME

STREET ADDRESS

Principal Place of Business	Mailing Address		T I TO REPORT OF THE POINT BOTH BOTH OF THE BEINT OF THE	BILO OLIOL IDIDO KIRIL INDIL DIDI 1001
1044B EAST MICHGAN ST ORLANDO FL 32806	1044B EAST MICHIGAN ST ORLANDO FL 32806-8430			
			3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-340 2471	Not Applicable
Suite. Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country		Added to Fees
Zip Country 25	├ <del></del> '	30	8. This corporation has liability for inter-	angible tax under s. 199.032, Yes
9. Name and Address of Current		30]	10, Name and Address of New Regis	
GARIBAY, JUAN J		81 Name		
1044B EAST MICHIGAN ST	,	82 Street Addr	ess (P.O. Box Number is Not Acceptable	
ORLANDO FL 32806		62 Street Addr	ess (P.O. box Number is Not Acceptable,	,
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.002 office or registered agent, or both, in the State of	and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the pur	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was ar tions of Section 607 0605. Flor	uthorized by the corporat	ion's board of directors. I hereby accept t	the appointment as registered
SIGNATURE				
Signature, lyped or printed name of registered agen		Registered Agent signature requir		DATE TO AN ID DISECTORS IN 10
12. OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
	F-1 SEEFIE	1.2 NAME		
NAME STREET ADDRESS TOTY IS EAST MIC	HIGAN ST	1.3 STREET ADDRESS	ABYO WON	,
OTTY-ST-ZIP OP LEWDY P 3	806	1,4 CITY - ST - 7IP	al Aragon Ave	23134
THE TREASURER:	→ DELETE	2.1 TITLE	DAISY	Change Addition
NAME TODY DINGER	<b>^</b>	22 NAME	andoa cass	
STREET ADDRESS INVILLA ISAST M	ICHIGANS	2.3 STREET ADDRESS	DAS BEBEND P	RIVE
CITY-ST-ZIP OZWANDO PZ 3	2806	2, 4 CITY - \$1 - ZIP	FOLUUD P7 347	71
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		ľ
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP	DELETÉ	4.4 CITY-ST-ZIP		Change Addition
NAME	רין מנוגוני	5.1 TITLE		☐ oughtion ☐ waghtion
		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELEJE	5.4 CITY-ST-ZIP		Change Addition

6.2 NAME

14. I do hereby certify that the Information supplied with his 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 amulal report or supplying rial amust 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 of the resolver or trust/s ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, con a catternative and address.

**FILED** 

Jun 10 1997 8:00am

Secretary of State