## 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

DOCUMENT # P96000075595 (4)

MAYA MANAGEMENT, INC.

Principal Place of Business Mailing Address 255 CUDRINGTON DR 255 CURRINGTON DR. LAUD. BY THE SEA FL 33308 LAUD. BY THE SEA FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0693982 Not Applicable 21 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 28 Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name APELBOIM, DANNY 1010 SAOCRAN BOULEVARD 82 ,POMPAÑO BEACH FL∕33062 11. Pursuant to the provisions of Sections 607.0502 and 607.1505, forida 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 Supri 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 or printed name of registured agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change APELBOIM, DANNY NAME 1.2 NAME 1010 S. OCEAN BOULEVARD, PAT LPH1 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELFTE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-7IP DELETE Change ☐ Addition TITLE 51 THILE

52 NAME

6.1 TITLE

14. I hereby certify that the information supplied with this filling 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 faccurate 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

CATY - ST - ZIP

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an ag

DELETE

OFFICER OR DIRECTOR APPLISOIN 1/20/98 (954) 267 0253

Change

\_\_\_ Addition

**FILED** 

May 15 1998 8:00am

Secretary of State