

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 NOV 17 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000086591 (0)**

1. Corporation Name
MAS MANAGEMENT GROUP, INC.

Principal Place of Business
**601 BRICKELL DRIVE STE 200
 MIAMI FL 33131**

Mailing Address
**601 BRICKELL DRIVE STE 200
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**SANCHEZ & ASSOCIATES
 601 BRICKELL DRIVE STE 200
 MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Juan Carlos Sanchez*

JUAN CARLOS SANCHEZ

(NOTE: Registered Agent signature required when reinstating)

11/7/97
DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **D MARTINEZ, FERNAN**
 STREET ADDRESS **601 BRICKELL DRIVE STE 200**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE DELETE
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 CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

500002352433 Addition

~~-11/19/97-01104-008~~

******750.00 ****750.00**

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

8/27 11/19

14. I do hereby certify that the information supplied with this 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or in an attachment with an address.

SIGNATURE *Fernan Martinez*

FERNAN MARTINEZ

10-97 305 211 5110

CR2E034 (4/97)