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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03-[illegible] 099900020 099 ***150.00
99 MAR -2 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092876

1. Corporation Name
M.A.C. ASSEMBLIES, INC.

Principal Place of Business	Mailing Address
6655 SW 49 ST DAVIE FL 33314 US	6655 SW 49 ST DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1996

2. Principal Place of Business	2a. Mailing Address
21 7027 W. Broward Blvd	26 7027 W. Broward Blvd.
Suite, Apt. #, etc. 22 244	Suite, Apt. #, etc. 27 244
City & State 23 Plantation, FL.	City & State 28 Plantation, FL.
Zip 24 33317 Country 25	Zip 29 33317 Country 30

4. FEI Number: 65-0760172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORRALES, MARIO
6655 SW 49TH STREET
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name: Angel Barone-Corrales
82 Street Address (P.O. Box Numbers Not Acceptable): 7027 W. Broward Blvd. Su 244
83 City: Plantation
84 FL 85 Zip Code: 33317

11. Pursuant to the provisions of Sections 607.0502 and 607.1800, 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.

Angel Barone Corrales 3/31/99
Signature of or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
PTD		1.2 NAME	PTD
CORRALES, MARIO A		1.3 STREET ADDRESS	Corrales, Mario
6655SW 49 ST		1.4 CITY-ST-ZIP	7027 W. Broward Blvd. Su 244
DAVIE FL			Plantation, FLA 33317
	☐ DELETE	2.1 TITLE	Secretary ☐ Change ☒ Addition
		2.2 NAME	Angel Barone Corrales
		2.3 STREET ADDRESS	7027 W. Broward Blvd. Su. 244
		2.4 CITY-ST-ZIP	Plantation FL 33317
	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)