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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094147 (1)

1. Corporation Name
M.A. INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business

10710 PARIS STREET
COOPER CITY FL 33026

Mailing Address

10710 PARIS STREET
COOPER CITY FL 33026-4818

3. Date Incorporated or Qualified
11/18/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 405 N.E. 2nd Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

22 HALLANDALE, Florida

27 Suite, Apt. #, etc.

23 City & State
33009

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number
65-0731100

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ALBA SAN LUCAS

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

10710 PARIS STREET

83

84 City
Cooper City

FL

85 Zip Code
33026

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-22-97

12. OFFICERS AND DIRECTORS

TITLE PSD

NAME SAN LUCAS, ALBA P
STREET ADDRESS 10710 PARIS STREET
CITY-ST-ZIP COOPER CITY FL 33026

TITLE VTD

NAME MUSHTAQ, MOHAMMED
STREET ADDRESS 10710 PARIS STREET
CITY-ST-ZIP COOPER CITY FL 33026

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 if changed, or on an attachment with an address.

SIGNATURE

ALBA P. SAN LUCAS

04-22-97 (96) 455-2891

CR2E034 (9/96)