

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000097866

1. Corporation Name

MAPEN CORP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90074 007 ***150.00



Principal Place	of Business	M	failing Address				- # 10031884 140 (0110 0111) 05111 00111 00111 00111 00111 10101 10	LIN MENTA AIST CONT	
909 NW 6 ST. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311				3311			DO NOT WRITE IN THIS SPACE		
	•						3. Date Incorporated or Qualifed 12/04/1996		
2. Principal Pl	lace of Business	2a	. Mailing Address				4. FEI Number	Applied For	
21		26					65-0710738	Not Applicable	╛
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					<u> </u>		E Certificate of Status Desired	Additional Required	ــَــ
City & State City & State						6. Election Campaign Financing 55.0	0 May Be	7	
23 28						Trust Fund Contribution Adde	d to Fees	_	
Zip	Country Zip			Co	Country		8. This corporation owes the current year Intangible		
24	25	29		30			Personal Property Tax.	□No	_
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		4
					81	Name			1
l .	A, MANUEL				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		┤ ˈ
9051 NW 150 TER.								╛	
WES	T VILLAGE FL 33016				83				
	•				84	City	► 85 Z	p Code	١.
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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 ag					nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIREC	TODE IN 12	$\dashv 3$
12.	OFFICERS A	ND DIR	ECTORS DELETI		. ` <u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIREC		╗
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NAME					VAME				
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STREET ADDRESS					CITY-S				

14. 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.