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

DOCUMENT # **P97000025860**

1. Corporation Name

M.A.O. CONSULTANTS CORPORATION

Principal Place	e of Business	Mailing Address	•	(1981/881 19 (911) 19811 8811) 88111 88111	
5641 NORTHWEST 100 COURT 5641 NORTHWEST 100 COU			ıτ		
MIAMI FL 33178 MIAMI FL 33178				_ DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				03/17/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0746107	Not Applicable
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
27		27		J. Common of California	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	angible □Yes X No
24	9 Name and Address of Currer	29 30	0}	Personal Property Tax. 10. Name and Address of New Registered	
	g. Name and Address of Currer	ii Registered Agent	81 Name	10. Hame and Address of New Hogisteres	
ESPINOSA, MARIANFI A					
5641 NORTHWEST 100 COURT			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33178			83		
, , , , ,					<u>'</u>
•			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose of	changing its registered
l office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was autr	norized by the corporation	on's board of directors. I hereby accept the appoint	ntment as registered
SIGNATURE					
- SIGNATORE	Signature, typed or printed name of registered age		egistered Agent signature require		
12.	<u>, </u>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	P	☐ DELETE	1.1 TITLE		C onlarige C / tooker
NAME	DE URIA, MARIA A		1.2 NAME		
STREET ADDRESS	5641 NW 100TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	S NACON MARY I		2.1 TITLE 2.2 NAME		
NAME	RINCON, MARY I				ļ
STREET ADDRESS	5641 NW 100TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178	DELETE	2. 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
TITLE			3.2 NAME		_ ,
NAME CEDELL ADDRESS			3.3 STREET ADDRESS		
STREET ADDRESS			3.4, CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP			5.4 CITY- ST- ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			62 NAME		

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.

6.3 STREET ADDRESS

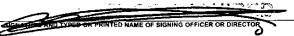
6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90168 010 ***150.00