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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027211 (6)

MACB. MANAGEMENT, INC.

FILED

98 JUN -5 MM 9:55



Dringing Discoret Business	Matter Address		1 2004/606 (12 10/11 160) 00/41 00/41 10/41 07/70 140/4 10/41 10/40	(80) (10) (10)
Principal Place of Business	Mailing Address			
9450 NORTHEAST 2 AVENUE	9450 NORTHEAST 2 AVI			
MIAMI SHORES FL 33138	MIAMI SHORES FL 3313	8	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			03/26/1997	
2. Principal Place of Business	2a, Mailing Address		4 FEI Number	Applied For
21	26	05-0738247	+ 65-073×8247	lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 100u//	¢0.7E	
— '' '	├ ──			Additional Required
City & State	City & State			
_	ի - պ ′			May Be
23	[28]	Country		to Fees
Zip Country) Zip	Country	8. This corporation owes or has paid the current year In	
24 25	[29]	30	<u> </u>	_] No
9. Name and Address of	Current Hegistered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED		81 Name		
343 almeria avenue		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			, , , , , , , , , , , , , , , , , , ,	
		83		
		84 City	□ 85 Zip	Code
SIGNATURE Signature typed or proced ranks of respec		TE Registered Agent signature requi		
	RS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE PD	L_ U(Lt)f	1.1 TITLE	☐ Change	Addition
NAME MACASPAC, ISIDRO F	FAN 15	1.2 NAME		
STREET ADDRESS 9450 NORTHEAST 2 AV		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI SHORES FL 331:		1.4 CITY - ST - ZIP		
TITLE STD	DELETE	2.1 TITLE	☐ Change	Addition
NAME BAKER, FATIMA ORBET	A	2.2 NAME		
STREET ADDRESS 9450 NORTHEAST 2 AV	ENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI SHORES FL 3313	38	2.4 CHY-ST-ZIP		
TITLE 37 D	☐ DELETE	3.1 TITLE	☐ Change	Addition
NAME BARNES GI	HERYL L.	3.2 NAME		
STREET ADDRESS 9450 N.E. 2	AUE.	3.3 STREET ADDRESS		
CITY-ST-ZIF MIAMI SHOR	4ERYL L. AUD. 65, FL. 33/38	3 4 CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	☐ Change	Addition
NAME	_	4. 2 NAMÉ		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-\$1-ZIP TITLE	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change	Addition
NAME		5.2 NAME	Unange	Augmont
STREET ADDRESS		5 3 STREET ADDRESS		_ 1
CITY-ST-ZIP	Theree.	5.4 CITY-ST-ZIP		\
TITLE	☐ DELETE	6 1 TITLE	L Change	Addition Addition
NAME		6.2 NAME		FACE.
STREET ADDRESS		6.3 STREET ADDRESS		(01)

14. Thereby 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 upper 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 proporation 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 displayed or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

ISINDO MACASPAC - PRES

4/26/98 (305)758-210