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

PROFIT CORPORATION ANNUAL REPORT 1999

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

99 MAR 25 AM 9:12
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000027211

1. Corporation Name
MACB MANAGEMENT, INC.

Principal Place of Business: 9450 NE 2nd AVE, MIAMI SHORES, FLORIDA, 33138
Mailing Address:

DO NOT WRITE IN THIS SPACE

Field	Value
2. Principal Place of Business	9450 NE 2nd AVE
Suite, Apt #, etc	
City & State	MIAMI SHORES, FL
Zip	33138
Country	
2a. Mailing Address	
Suite, Apt #, etc	
City & State	
Zip	
Country	
3. Date Incorporated or Qualified	3-26-97
4. FEI Number	65-0738247 (Applied For / Not Applicable)
5. Certificate of Status Desired	[X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	[ ] $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	[ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Name: CHERYL L BARNES
Street Address (P.O. Box Number is Not Acceptable): 833 NE 98th street
City: Miami Shores FL Zip Code 33138

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 X Cheryl L. Barnes

12. OFFICERS AND DIRECTORS (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP) — blank

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	Change/Addition
P/D	CHERYL L BARNES	833 NE 98 street	Miami Shores, Fl. 33138	[X] Change
S/T/D	FATHI AAMER	13001 NW 7th AVE	Miami, Fl 33168	[X] Addition

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****158.75 ****158.75

B @ 4/1/99 99 OK

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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 305-758-2103

CR2E034 (10/97)