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 # P97000047280

MAS FINANCIAL SERVICES INC.

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90029 028 ***150.00

| Principal Place of Business | Mailing Address | · · · · · · · · · · · · · · · · · · · | | T I MORITORY THE JOINT COUNTY CONTRI CONTRI CONTRI | DIRIT LEBIN ITANI TATIL ARII TANI |
|---|---|---------------------------------------|--|--|-----------------------------------|
| 32345 SCENIC HILLS DRIVE MT. DORA FL 32757 | 32345 SCENIC HILLS DRIVE MT. DORA FL 32757 | | DO NOT WRITE IN THIS | SPACE | |
| | | | | 3. Date Incorporated or Qualifed 05/29/1997 | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | 26 | | | <u>59-3454542</u> | Not Applicable |
| - Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country 24 25 | Zip 29 | Gount | ry | This corporation owes the current year Int Personal Property Tax. | angible ☐ Yes ☑ No |
| Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| | | 8 | 1 Name | | • |
| MAS, JUAN 32345 SCENIC HILLS DRIVE | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| MT. DORA FL 32757 | | 8 | 3 | | |
| * - * - <u> </u> | | 8 | 4 City | FL | 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607. | 0502 and 607,1508, Florida Statu | utes, the abo | ve-named corr | poration 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 | | | | | | | | |
|----------------|--|---|---------------------|--|--|--|--|--|
| 12. | Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS | istered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | |
| TITLE | | 1.1 TITLE | Change Addition | | | | | |
| NAME | P DELETE JUAN MAS | 1.2 NAME | Griange Hadrion | | | | | |
| | | | | | | | | |
| STREET ADDRESS | 32345 SCENIC HILLS DR | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MT DORA FL 32757 | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | VP □ DELETE | 2.1 TITLE | ☐ Change ☐ Addition | | | | | |
| NAME | AMANDA MAS | 2.2 NAME | | | | | | |
| STREET ADDRESS | 32345 SCENIC HILLS DR | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MT DORA FL 32757 | 2.4 CITY-ST-ZIP | | | | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition | | | | | |
| NAME | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE | ☐ DELETE | 4.1 TITLE | · Change . Addition | | | | | |
| NAME . | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | | | | |
| TITLE (| ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition | | | | | |
| NAME | • | 5.2 NAME | | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | - F ₀ | 5.4 CITY-ST-ZIP | | | | | | |
| TITLE | → PRINA | 6.1 TITLE - | ☐ Change ☐ Addition | | | | | |
| NAME | はMay Si Filiphon (1997年) 第四大の Color (1997年) | 6.2 NAME | , | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | | | | | |

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 trustete 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.

SIGNATURE:

CR2E034 (11/98)