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 # P97000056141

MAYAN ENTERPRISES, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90070 047 ***150.00



Principal Place of Business Mailing Address						(1884/58) 3/5 (80/) (35/) 68/) 58/14 58/14 56/01 5/46 8/(6) 3/44 6/61	
7044 SW 114TH PLACE. UNIT D			7044 SW 114TH PLACE, UNIT D				
MIAMI FL 33173			MIAMI FL 33173				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							06/26/1997
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
-			26				65-0775273 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
2			7				Certificate of Status Desired
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
3		28	_				Trust Fund Contribution Added to Fees
Zip	Country	L	Zíp	Cou	ntry		8. This corporation owes the current year Intangible
4	25	29	L	30			Personal Property Tax. Yes No
	9. Name and Address of Current	Regi	stered Agent				10. Name and Address of New Registered Agent
550	recurry loss were				81	Name	
DESTEPHEN, IRIS IVETTE					82	Street Add	ress (P.O. Box Number is Not Acceptable)
7044 SW 114TH PLACE, UNIT D							
MIAN	AI FL 33173				83		,
					84	City	85 Zip Code
						,	poration submits this statement for the purpose of changing its registered
SIGNATURE	m familiar with, and accept the obligation						ed when reinstating) DATE
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD		☐ DELETE	1.1 TI	TLE		Change Addition
NAME	DESTEPHEN, IRIS IVETTE			1.2 N	AME	}	
STREET ADDRESS	7044 SW 114TH PLACE, UNIT D)		1.3 \$	REET	ADDRESS	ľ
CITY-ST-ZIP	MIAMI FL 33173			1.4 C	TY-S	T- ZIP	
TITLE	PD		☐ DELETE	2.1 1	TLE	ĺ	Change Addition
NAME	DESTEPHEN, IRIS			2.2 N	AME		
STREET ADDRESS	7044 SW 114TH PLACE, UNIT D)		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173			2.40	ITY-S	T-ZIP	
TITLE	S		☐ DELETE	3.1 T	πE		☐ Change ☐ Addition
NAME	DESTEPHEN, GANNEVIEVE			3.2 N			1
STREET ADDRESS)				ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173				_	T-ZIP	☐ Change ☐ Addition
TITLE	T		☐ DELETE	4.1 Ti			C citatige Modition
NAME	DESTEPHEN, VIVIAN			4.21			
STREET ADDRESS		•		- 1		ADDRESS	!
CITY-ST-ZIP	MIAMI FL 33173		F) nci car		TY-S	T-ZIP	☐ Change ☐ Addition
TITLE	(☐ DELETE	5.1 T			☐ outside ☐ verifion
NAME				•		ADDRESS	`
STREET ADDRESS					MY-S		
CITY-ST-ZIP			DELETE	6.1 T		1-411-	☐ Change ☐ Addition
TITLE				6.2 N			
NAME	1			- 4		TADDRESS	
STREET ADDRESS					ITV 6		· ·

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 en an attachment with an address, with all other like empowered.