

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90087 044 \*\*\*150.00

DOCUMENT # **P97000096084**

1. Corporation Name

**MANA CORPORATION**

Principal Place of Business

Mailing Address

**8160 GENEVA CT  
APT A-510  
MIAMI, FL 33166**
**8160 GENEVA CT  
APT A-510  
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/07/1997**

4. FEI Number

**65-0800311**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required
6. Election Campaign Financing  
Trust Fund Contribution
☐ \$5.00 May Be  
Added to Fees
8. This corporation owes the current year Intangible  
Personal Property Tax.
☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**8160 GENEVA CT****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A-510****27**

City &amp; State

City &amp; State

**MIAMI - FL****28**

Zip

Zip

**33166****USA****29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASAS, MAURICIO  
8160 GENEVA CT APT# A-510  
MIAMI, FL 33166**

81 Name

**MAURICIO CASAS (MANA CORP)**

82 Street Address (P.O. Box Number is Not Acceptable)

**8160 GENEVA CT**

83

**APT A-510**

84 City

**MIAMI****FL**

85 Zip Code

**33166**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-23/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CASAS, MAURICIO  
8160 GENEVA CT #A-510  
MIAMI, FL 33166**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-23-99**

CR2E034 (11/98)