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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90207 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000016746

1. Corporation Name
MAF INVESTMENTS, INC.



Principal Place of Business: 2699 S BAYSHORE DR., STE. 3000 COCONUT GROVE FL 33133
 Mailing Address: 2699 S BAYSHORE DR., STE. 3000 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/20/1998**
 4. FEI Number: **65-0833130**
 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: 429 SW 27 ROAD, Suite, Apt. #, etc.
 2a. Mailing Address: 429 SW 27 ROAD, Suite, Apt. #, etc.
 23. City & State: **Miami FLA.**
 28. City & State: **Miami, Fla.**
 24. Zip: **33129** Country: **USA**
 29. Zip: **33129** Country: **USA**

9. Name and Address of Current Registered Agent
LEHRMAN, JEFFREY E
 2699 S BAYSHORE DR., STE. 3000
 COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **220 Alhambra Circle**
 83 **Suite 810**
 84 City: **Coral Gables** FL 85 Zip Code: **33134**

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]* DATE: **1/14/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEHRMAN, JEFFREY E	
STREET ADDRESS	2699 S BAYSHORE DR., STE. 3000	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ESTHER C. MONZON-AGUIRRE	
1.3 STREET ADDRESS	429 SW 27 ROAD	
1.4 CITY-ST-ZIP	Miami, FL 33129	
2.1 TITLE	Secretary/treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Victor J. Monzon-Aguirre	
2.3 STREET ADDRESS	429 SW 27 ROAD	
2.4 CITY-ST-ZIP	Miami, FL 33129	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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]* DATE: **1/29/99** DAYTIME PHONE #: **305-463-5389**

CR2E034 (11/98)