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PHONE NO. 1 352

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90028 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000020030

1. Corporation Name
MAPAGO, INC.

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580775 - 90073 - 42



Principal Place of Business 9881 NW 18TH DRIVE PLANTATION, FL 33322	Mailing Address 9881 NW 18TH DRIVE PLANTATION, FL 33322
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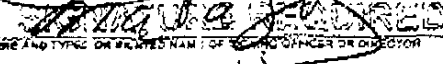
2. Mailing Address of Corporation		2a. Mailing Address	3. Date Incorporated or Qualified 03/03/1998	4. FEI Number 650819705	Apply For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
22. City & State	27. City & State	28. Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
23. Zip	28. Country	29. Country	8. This corporation owes the current year intangible Personal Property Tax ☐ Yes ☒ No		
24. Country	29. Country	30. Country	10. Name and Address of New Registered Agent		

8. Name and Address of Current Registered Agent GOMEZ MARIA P 9881 NW 18TH DRIVE PLANTATION FL 33322		81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. Zip Code

11. Pursuant to the provisions of Sections 607.05, 607.06 and 607.07(3)(b), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and registered agent, or both, in the State of Florida. If a change was also made by the corporation's board of directors, I hereby accept the appointment as registered agent, and I am authorized to accept the provisions of Section 607.05(9), Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
CITY, ST, ZIP	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

14. I, the undersigned, certify that the information furnished with this filing 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 affidavit with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY OR DIRECTOR

OR2034171931