

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000075

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 SEP 17 AM 10:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000048316

1. Corporation Name  
 MR. MASON, INC.

Principal Place of Business Mailing Address  
 1152 NW 125 PATH 1152 NW 125 PATH  
 MIAMI FL 33182 MIAMI FL 33182



DO NOT WRITE IN THIS SPACE

|                                |  |                       |  |  |  |
|--------------------------------|--|-----------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified  |  |
| 21 Suite, Apt #, etc           |  | 26 Suite, Apt #, etc. |  | 05/29/1998   |  |
| 22 City & State                |  | 27 City & State       |  | 4. FEI Number  |  |
| 23 Zip                         |  | 28 Zip                |  | 4c 0839242   |  |
| 24 Country                     |  | 29 Country            |  | Applied For  |  |
|                                |  |                       |  | Not Applicable   |  |
|                                |  |                       |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                              |  |
|                                |  |                       |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                      |  |
|                                |  |                       |  | 8. This corporation owes the current year Intangible Personal Property: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent          |  | 10. Name and Address of New Registered Agent          |  |
| RIVERA, FERNANDO J<br>1152 NW 125 PATH<br>MIAMI FL 33182 |  | 81 Name   |  |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | 83  |  |
|  |  | 84 City   |  |
|  |  | FL 85 Zip Code  |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 1.2 NAME  |  |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | 800002996838--7  |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | -09/27/99--01003--012  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | ****400.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | 800002996838--7  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | -09/27/99--01003--013  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | ****158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 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 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.

SIGNATURE: FERNANDO J. RIVERA 7-23/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)