

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 25 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S13148** (9)

1. Corporation Name

MAU-GI-CO., INC.

Principal Place of Business

**5430 BUCHANAN ST
HOLLYWOOD FL 33021**

Mailing Address

**855 NE 20TH AVE.
FT. LAUDERDALE FL 33304
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/16/1990

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0226623

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**

7. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 855 NE 20TH AVENUE

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State

FT LAUDERDALE FL

27 City & State

28 City & State

24 Zip

33304

25 Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**POULIOT, GILLES
5430 BUCHANAN ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

GILLES POULIOT

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

5430 BUCHANAN ST

83

855 NE 20TH AVENUE

84

FT LAUDERDALE

FL

85 Zip Code

33304

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

Gilles Pouliot

GILLES POULIOT

1/14/95

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
POULIOT, GILLES
5430 BUCHANAN ST
HOLLYWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**POULIOT GILLES
855 NE 20TH AVENUE
FT LAUDERDALE FL 33304**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, 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 my address.

SIGNATURE:

Gilles Pouliot

GILLES POULIOT

Date

1/14/95

305-763-7434

(Typed Name)

(Signature and Typed or Printed Name of Signing Officer or Director)