FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR -6 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S25384 (6)

1. Corporation Name
MACROSSA, INC.

Principal Place of Business	Mailing Address
C/O BARTON UDELL, ESQUIRE ~~1500 SAN REMO AVE #125~~ ~~CORAL GABLES FL 33146~~	C/O BARTON UDELL, ESQUIRE ~~1500 SAN REMO AVE #125~~ ~~CORAL GABLES FL 33146~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2650 Biscayne Boulevard	26 2650 Biscayne Blvd.
Suite, Apt. #, etc 22 c/o Barton S. Udell, Esq.	Suite, Apt. #, etc 27 c/o Udell
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33137 / 25 USA	Zip / Country 29 33137 / 30 USA

3. Date Incorporated or Qualified: 01/16/1991
3a. Date of Last Report: 03/23/1994
4. FEI Number: 65-0238361 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UDELL, BARTON S.
~~1500 SAN REMO AVENUE, SUITE 125~~
~~CORAL GABLES FL 33140~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2650 Biscayne Blvd.
83
84 City Miami FL 85 Zip Code 33137

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 a corporate) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LYONS, ROSLYN	12 NAME	
STREET ADDRESS	~~1500 SAN REMO AVE #125~~	13 STREET ADDRESS	2650 Biscayne Blvd.
CITY ST ZIP	~~CORAL GABLES FL~~	14 CITY ST ZIP	Miami, FL 33137
TITLE		21 TITLE	Treasurer ☐ Change XX Addition
NAME		22 NAME	George Saenz
STREET ADDRESS		23 STREET ADDRESS	45 S.W. 24th Road
CITY ST ZIP		24 CITY ST ZIP	Miami, FL 33129
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied 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 above, or on an attachment with an address.

SIGNATURE: [signature] 3/31/95 (305) 576-1300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

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