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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

FILED
Jun 05 1997 8:00am
Secretary of State

DOCUMENT # **S40999** **(2)**

1. Corporation Name

**MICROMAKERS CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 8260 N.W. 68TH STREET<br>MIAMI FL 33166 | 8260 N.W. 68TH STREET<br>MIAMI FL 33166 |

3. Date Incorporated or Qualified: 03/27/1991
3a. Date of Last Report: 05/23/1995

2. Principal Place of Business
21: 10415 N.W. 56th Terrace
22: Suite, Apt. #, etc.
23: City & State: Miami, Florida
24: Zip: 33178
25: Country

2a. Mailing Address
26: 3000 N.W. 72nd Ave.
27: Suite, Apt. #, etc.
28: City & State: Miami, Florida
29: Zip: 33122
30: Country

4. FEI Number: 65-0252138 ☐ 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**

MASELLIS, BARTOLOME
8260 N.W. 68TH STREET
MIAMI FL 33166

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: 10415 NW 56th Terrace
84 City: Miami FL 85 Zip Code: 33178

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 _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | MASELLIS, BARTOLOME | 1.2 NAME | |
| STREET ADDRESS | 8260 N.W. 68TH ST. | 1.3 STREET ADDRESS | 10415 NW 56th Terrace |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | Miami, Florida 33178 |
| TITLE | VS ☐ DELETE | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | MASELLIS, YOLEYDA | 2.2 NAME | |
| STREET ADDRESS | 8260 N.W. 68TH ST. | 2.3 STREET ADDRESS | 10415 NW 56th Terrace |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | Miami, Florida 33178 |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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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 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:** Yoleyda Masellis 305/592-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #