

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

DOCUMENT # S64812 (8)

1. Corporation Name

M.A.C. ENTERPRISES OF DADE, INC.

Principal Place of Business

**10715 SW 190 ST
UNIT #44
MIAMI FL 33157
US**

Mailing Address

**10715 SW 190 ST
MIAMI FL 33157**

2. Principal Place of Business

21 1020 NE 14th Ave

Suite, Apt. #, etc.

22 N/A

City & State

23 Homestead Florida

Zip

24 33033

Country

25 USA

2a. Mailing Address

26 1020 NE 14th Ave

Suite, Apt. #, etc.

27 N/A

City & State

28 Homestead Florida

Zip

29 33033

Country

30 USA

9. Name and Address of Current Registered Agent

**MCDANIEL, JAY
10715 S.W. 190 ST., #44
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name

82 Jay McDaniel

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

83 1020 NE 14th Ave

84 City

84 Homestead

FL

85 Zip Code

85 33033

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

Jay McDaniel President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

2/10/97

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCDANIEL, DOYLE J.
STREET ADDRESS	29831 S.W. 147TH COURT
CITY - ST - ZIP	HOMESTEAD FL
TITLE	P
NAME	MCDANIEL, JAY
STREET ADDRESS	10715 S.W. ST., #44
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P Mcdaniel, Jay
2.3 STREET ADDRESS	1020 NE 14th Ave
2.4 CITY - ST - ZIP	Home stead, FL. 33033
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(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 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: Jay McDaniel **2/10/97** **305-246-3112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

97 FEB 18 PM 2:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

**95-97
aw**

3. Date Incorporated or Qualified **07/09/1991** 3a. Date of Last Report **08/12/1994**

4. FEI Number **65-0271497** 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