

**CORPORATION
ANNUAL REPORT**

Form 2, Revision

1995

**Secretary of State
DIVISION OF CORPORATIONS**

95 APR 25 AM 9:18

DOCUMENT # V21465 (2)

1. Corporation Name

MASECOR CORP.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**7225 SW 25 ST., #100
MIAMI FL 33122**

Mailing Address

**7225 SW 25 ST., #100
MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

03/16/1992

3a. Date of Last Report

11/14/1994

4. FEI Number

65-0310870

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DUARTE, EUGENIO
95 MERRICK WAY
SUITE 514
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provision
of regulation or by
familiar with mark not to

Section
in the
Florida

Sections 7.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office
in Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
Section .0505, Florida Statutes.

SIGNATURE

Signature

Registered agent and the application

(NOTE: Registered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

VILLAVENCIO, RAUL A.

STREET ADDRESS

7225 SW 25 ST., STE. 100

CITY - ST - ZIP

MIAMI FL 33122

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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 110.07(3)(b), 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 sole owner 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 305-592-4832