

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V36672 (6)
1. Corporation Name
MA30 INC.



Principal Place of Business Mailing Address
12420 S.W. 25TH STREET MIAMI FL 33175 **12420 S.W. 25TH STREET MIAMI FL 33175**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1992	3a. Date of Last Report 02/17/1995
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0423512	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ALVAREZ, HECTOR 12420 S.W. 25TH STREET MIAMI FL 33175				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	FL
85. Zip Code					

11. Pursuant to the provisions of Sections 607.0507 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 _____
 Signature of principal officer, director, agent, or other approver _____
 Signature of Registered Agent (signature required when registering) _____
 DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, HECTOR		2. NAME		
STREET ADDRESS	12420 S.W. 25TH STREET		3. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		4. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	7. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			7. NAME		
STREET ADDRESS			7. STREET ADDRESS		
CITY-ST-ZIP			7. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	8. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			8. NAME		
STREET ADDRESS			8. STREET ADDRESS		
CITY-ST-ZIP			8. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			11. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY-ST-ZIP			11. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	12. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			12. NAME		
STREET ADDRESS			12. STREET ADDRESS		
CITY-ST-ZIP			12. 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: *Ester Obando* President **7/1/96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)