

**CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Corporation Name

DOCUMENT #

MACA OF Miami, FL V46363
Mailing Address: 1971 N.W. 17 AVE
Miami, FL 33125
Principal Place of Business: 1971 N.W. 17 AVE
Miami, FL 33125

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
3a. Date of Last Report
1995
4. FEI Number
65-0344535
5. Certificate of Status Desired
\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution
\$5.00 May Be Added to Fees
7. Nonprofit Exempt from \$138.75 Supplemental Fee
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes
☐ Yes ☒ No

2. Mailing Address
2a. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Suite, Apt. #, etc.
30. City & State
31. Zip
32. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code
MARIA Sanchez
1971 N.W. 17 AVE
MIA FL 33125

Pursuant to the provisions of Sections 607.0502 and 607.1505 or Sections 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 or 617.0505, Florida Statutes.

SIGNATURE: Maria Sanchez
(Registered Agent Accepting Appointment) DATE: 04-24-96

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
President
Carmelo Rodriguez
1971 N.W. 17th Ave
Miami, FL 33125
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
V.P.S.T.
MARIA Sanchez
1971 N.W. 17th Ave
MIA-FL 33125
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
800001805888
-05/03/96-01010-884
***200.00

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 represent 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attached address.

SIGNATURE: Maria Sanchez
DATE: 04-24-96
305-325-1666