## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Mailing Address

M.A.A. INVESTMENTS (U.S.A.), INC.

(0)

**FILED** May 07 1998 8:00am Secretary of State



BISO BAYMEA JACKSONVILL US		B130 BAYMEADOWS WAY JACKSONVILLE FL 32256 US		DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualified 08/21/1992	PACE
2. Principal Pla		2a. Mailing Address	Which Danie	4. FEI Number	Applied For
	OAK HAMMOCK DRIVE	26 2030 CAK HA	PHOCK DEIVE	59-3147129	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	- VEDRA BEACH	City & State  28 / ONTE VEOR		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip FC 3.	2082 25 USA	71p 16 32082	Country 0 OSH		Yes 🛛 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
G/G 813	HNEIDER, RETO J <del>D-Baita property services, II</del> <del>D-Baymeadows way-w-</del>	NC, 2030 OAK HAMIGU PONIR VEGRA BEACH, FL 320	5 01 001 / GC	ress (P.O. Box Number is Not Acceptable)	
JAE	EKSONVILLE FL 32256				
			84 City	FL	85 Zip Code
office or re		f Florida. Such change was aut	thorized by the corpora	poration submits this statement for the purpose of tition's board of directors. I hereby accept the appo	
	Signature, typed or printed name of registered agent		Registered Agent signature requ		f
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DP DETO I	DELETE	1.1 TITLE	•	Change    Addition
NAME	SCHNEIDER, RETO J		1,2 NAME	2-2 044 //445 24 244	}
STREET ADDRESS	8130 BAYMEADOWS WAY W		1,3 STREET ADDRESS	2030 CAK HAMMOCK DRIVE	3
CITY-ST-ZIP	JACKSONVILLE FL		<u> </u>	PONTE VEDRA BEACH, FL 3	5CPZ
TITLE		☐ D£LETE	2.1 TITLE	i i	Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	L	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T street	3.4. CITY-ST-ZIP		30
TITLE		L DELETE	4.1 TITLE	l	☐ Change ☐ Addition
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CITY-ST-ZIP		1 20000	4,4 CITY - ST - ZIP		101
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City-St-ZIP		<del>                                      </del>	5.4 CITY - ST - ZIP		<del></del> /
TITLE		☐ DELETE	6.1 TITLE	L	☐ Change ☐ Addition ]
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
indicated of officer or d	on this annual report or supplemental a	annual report is true and accur	ate and that my signati	n Section 119.07(3)(i), Florida Statutes. I further cert ure shall have the same legal effect as if made und nuired by Chapter 607, Florida Statutes; and that m	ler oath; that I am an