

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V L01568**
1. Corporation Name
MAPA INVESTMENTS INC.

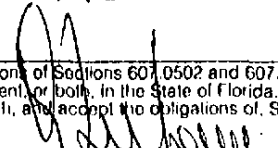
FILED
97 JUN 25 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**330 GRECO AVE. # 104
CORAL GABLES, FL. 33146**

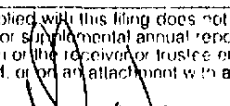
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0358428		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent ALEX ZERBONE 330 GRECO AVE., SUITE 104 CORAL GABLES, FL. 33146				10. Name and Address of New Registered Agent			
				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE P.S.T. ☐ DELETE						1.1 TITLE ☐ Change ☐ Addition					
1. NAME ALEX ZERBONE						1.2 NAME					
1. STREET ADDRESS 330 GRECO AVE., STE. 104						1.3 STREET ADDRESS					
1. CITY-ST-ZIP CORAL GABLES, FL. 33146						1.4 CITY-ST-ZIP					
2. TITLE ☐ DELETE						2.1 TITLE ☐ Change ☐ Addition					
2. NAME						2.2 NAME					
2. STREET ADDRESS						2.3 STREET ADDRESS					
2. CITY-ST-ZIP						2.4 CITY-ST-ZIP					
3. TITLE ☐ DELETE						3.1 TITLE ☐ Change ☐ Addition					
3. NAME						3.2 NAME					
3. STREET ADDRESS						3.3 STREET ADDRESS					
3. CITY-ST-ZIP						3.4 CITY-ST-ZIP					
4. TITLE ☐ DELETE						4.1 TITLE ☐ Change ☐ Addition					
4. NAME						4.2 NAME					
4. STREET ADDRESS						4.3 STREET ADDRESS					
4. CITY-ST-ZIP						4.4 CITY-ST-ZIP					
5. TITLE ☐ DELETE						5.1 TITLE ☐ Change ☐ Addition					
5. NAME						5.2 NAME					
5. STREET ADDRESS						5.3 STREET ADDRESS					
5. CITY-ST-ZIP						5.4 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.053(4), 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: **A. Zerbone**  **4/24/97** **(305) 461-3244**