

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000048041

**Entity Name:** MAPAXEL CORPORATION

**Current Principal Place of Business:**

1666 KENNEDY CSWY.  
SUITE 401  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

P.O. BOX 402665  
MIAMI BEACH, FL 33140-0665 US

**FEI Number:** 65-0515847

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HADIDA HASSAN, JOSE  
6423 COLLINS AVENUE  
#1105  
MIAMI BEACH, FL 33141 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOSE, HADIDA-HASSAN  
Address 6423 COLLINS AVE #1105  
City-State-Zip: MIAMI FL 33141

Title VP  
Name ALICIA, HADIDA-HASSAN  
Address 6423 COLLINS AVE # 1105  
City-State-Zip: MIAMI FL 33141

Title D  
Name HADIDA-HASSAN, AXEL  
Address 6423 COLLINS AVE # 1105  
City-State-Zip: MIAMI FL 33141

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE HADIDA-HASSAN

**PRESIDENT**

**02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date