

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

**APPROVED AND FILED**

**95 APR 10 PM 12: 41**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V30987 (4)**

**1. Corporation Name  
MAFA ENTERPRISE CORP.**

**Principal Place of Business Mailing Address  
12920 SW 81ST STREET 12920 SW 81ST STREET  
MIAMI FL 33183 MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 04/23/1992 3a. Date of Last Report 03/17/1994**

**2. Principal Place of Business**

**2a. Mailing Address**

**4. FEI Number 65-0400357**

**Applied For Not Applicable**

**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**

**25 Country**

**28 Zip**

**30 Country**

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MANN, EUGENE L  
12920 SW 81 STREET  
MIAMI FL 33183**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**85 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 re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE D  
NAME MANN, EUGENE L  
STREET ADDRESS 12920 SW 81 STREET  
CITY - ST - ZIP MIAMI FL**

**11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP**

**TITLE D  
NAME BRIDLE, JAN  
STREET ADDRESS 12920 SW 81 STREET  
CITY - ST - ZIP MIAMI FL**

**21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE: *Eugene L. Mann* Eugene L. Mann 1/8/95 305 388 8892**