

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra W. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
1996 MAR 19 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V30987** (4)

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

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

Mailing Address  
**12920 SW 81ST STREET  
MIAMI FL 33183**



2. Principal Place of Business

21	c/o Pavia & Harcourt Suite, Apt. #, etc	26	c/o Pavia & Harcourt Suite, Apt. #, etc
22	600 Madison Ave., 12th Fl. City & State	27	600 Madison Ave., 12th Fl. City & State
23	New York, NY Zip	28	New York, NY Zip
24	10022 Country	29	10022 Country
25	New York	30	New York

3. Date Incorporated or Qualified	3a. Date of Last Report
04/23/1992	04/10/1995
4. FEI Number	Applied For Not Applicable
65-0400357	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name	The Prentice-Hall Corporation System, Inc.
82	Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
83	City	Tallahassee
84	State	FL
85	Zip Code	32301

11. Pursuant to the provisions of Sections 607.0103 and 607.1503, 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 s. 607.0105, Florida Statutes.

SIGNATURE: *Marcia Hamer, Assistant Secretary* 3-19-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANN, EUGENE L	
STREET ADDRESS	12920 SW 81 STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIDLE, JAN	
STREET ADDRESS	12920 SW 81 STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Alberto G. Corti	
13 STREET ADDRESS	Via Al Ponte 9	
14 CITY-STATE-ZIP	6900 Massagno, SWITZERLAND	
21 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	George M. Pavia	
23 STREET ADDRESS	600 Madison Ave., 12th Fl.	
24 CITY-STATE-ZIP	New York, NY 10022	
31 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Maureen Massa	
33 STREET ADDRESS	600 Madison Ave., 12th Fl.	
34 CITY-STATE-ZIP	New York, NY 10022	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

000001750210  
03/19/96  
\*\*\*\*200.00 \*\*\*\*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 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attached and with an address.

SIGNATURE: *George M. Pavia* Secretary 2/24/96 (212) 480-3500

CR2E034 (12/95)