

Pg 1 of 1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 AM 9:39

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

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # V30487
1. Corporation Name
MAFA ENTERPRISE CORP.

| | |
|---|--|
| Principal Place of Business PARCEL 170 County ROAD CHARLOTTE COUNTY | Mailing Address C/O LASEVEN INC. 315 WEST 57TH ST. #405 NEW YORK, N.Y. 10019 |
|---|--|

100003006171--6
-10/05/99--01090--002
****558.75 ****558.75

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip County | 28. Zip County |
| 24. Zip County | 29. Zip County |

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 04/23/92 | 4. FEI Number 65-0400357 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**PRENTICE HALL CORP. SYSTEM
1201 HAYS STREET
TALLAHASSEE, FL 32301**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City |
| 84. City |
| 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 except the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|--|---|----------|
| TITLE | NAME | 11. TITLE | 12. NAME |
| <input type="checkbox"/> DELETE | PRESIDENT ALBERTO CERTI VIA AL PONTE 9 6900 MAGNANO SWITZERLAND | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | SECRETARY GEORGE PAVIA 600 MADISON AVENUE NEW YORK, NY 10022 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | DIRECTOR JAN BRIDLE 12920 SW 81st St. MIAMI FLORIDA | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

| | | | |
|-------------|------------|----------------------|----------------------|
| 13.1. TITLE | 13.2. NAME | 13.3. STREET ADDRESS | 13.4. CITY-STATE-ZIP |
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| 13.1. TITLE | 13.2. NAME | 13.3. STREET ADDRESS | 13.4. CITY-STATE-ZIP |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 60 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like entries.

SIGNATURE: *Sal Pavia CPA*
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97-22 99 14 18 FROM PAVIA-HARCOURT

CR2E034 (11-98)

AD



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SEPTEMBER 28, 1999

Florida Department of State
Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document #V30987
Mafa Enterprise Corp.

Gentlemen:

Enclosed please find our 1999 Corporation Annual Report, never received by our office. We are including a check for \$558.75, which includes the filing fee of \$150.00 plus the \$400.00 penalty and \$8.75 for the Certificate of Status.

We trust that this will enable you to re-instate the corporation with the State of Florida.

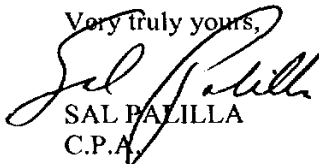
Please correct ALL of your records to reflect the NEW mailing address:

MAFA ENTERPRISE CORP.
C/O LASEVEN INC.
315 West 57th Street - Suite 405
New York, NY 10019

Please accept this letter as our request for the penalty to be waived based upon our relocation and/or non-receipt of the annual report.

Thank you for your time and consideration in this matter.

Very truly yours,



SAL PALILLA
C.P.A.