

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

FILED
Jan 26, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-26-1999 90050 028 ****150.00

DOCUMENT # P96000052892

1. Corporation Name
MASILKA CORP.



Principal Place of Business: 4098 CINNAMON WAY WESTON FL 33331-3810
 Mailing Address: 4098 CINNAMON WAY WESTON FL 33331-3810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/20/1996
 4. FEI Number: 65-0687027
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing / Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE AMARO, LILIA M
 4098 CINNAMON WAY
 WESTON FL 33331-3810

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MACHADO, LUIS R	
STREET ADDRESS	10135 SW 77 COURT	
CITY-ST-ZIP	MIA FL 33156	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MACHADO, ALFREDO	
STREET ADDRESS	10135 SW 77 COURT	
CITY-ST-ZIP	MIA FL 33156	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACHADO, BARBOZA, LUIS R	
STREET ADDRESS	10135 SW 77 COURT	
CITY-ST-ZIP	MIA FL 33156	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DE AMARO, LILIA M	
STREET ADDRESS	4098 CINNAMON WAY	
CITY-ST-ZIP	WESTON FL 33331-3810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

1/11/99 (305) 592-5354
 Date Daytime Phone #

CR2E034 (11/98)