

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90194 035 ***150.00

0817673

DOCUMENT # P00000094860

1. Entity Name

MIDAMA INVESTMENTS CORPORATION

Principal Place of Business

C/O 1390 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131

Mailing Address

C/O 1390 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131

2. Principal Place of Business

9920 N.W. 21 Street

3. Mailing Address

9920 N.W. 21 Street.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL.

City & State

Miami - FL.

4. FEI Number

65-1045883

Applied For

Not Applicable

Zip

33172

Country

Dade

Zip

33172

Country

-USA-

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTILLO, ALVARO R
 1390 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
 NAME: D LAZARO, DIONISIO M
 STREET ADDRESS: C/O 1390 BRICKELL AVENUE SUITE 200
 CITY-ST-ZIP: MIAMI FL 33131

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.M.

03/21/01

Date

305 588 2604

Daytime Phone #

CR2E034 (10/00)