


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

FILED

Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90017 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 457171					
1. Corporation Name MADRID, INC.					
Principal Place of Business 2008 18TH ST. TAMPA FL 33605			Mailing Address 2008 18TH ST. TAMPA FL 33605		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1974	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1557021	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
9. Name and Address of Current Registered Agent OLIVA, ANGEL JR. 2008 18TH STREET TAMPA FL 33601			10. Name and Address of New Registered Agent		
			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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME OLIVA, ANGEL JR.					
1.3 STREET ADDRESS 2008 - 18TH ST.					
1.4 CITY-ST-ZIP TAMPA FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME OLIVA, JOHN E.					
2.3 STREET ADDRESS 2008 - 18TH ST.					
2.4 CITY-ST-ZIP TAMPA FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME JOHN E. OLIVA JR					
3.3 STREET ADDRESS 4301 BEACH PK DR					
3.4 CITY-ST-ZIP TAMPA FL 33609					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)