

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90080 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000006688**

1. Corporation Name  
**MADIDH, INC.**

Principal Place of Business 1054 CLOVERCREST ROAD ORLANDO FL 32811	Mailing Address 1054 CLOVERCREST ROAD ORLANDO FL 32811
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/09/1998	4. FEI Number 04-3399398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent SAINT-PREUX, CECILE 5885 SIR HENRY DRIVE ORLANDO FL 32808	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE FLEURIVAL, PAUL 85 BRUNSWICK STREET DORCHESTER MA	1.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition Max Kerby HYPOLITE 2422 Continental BLVD Orlando FL 32808
TITLE V	<input type="checkbox"/> DELETE SAINT-CYRR, FRANTZ 623 CUMMINGS HWY MATTAPAN MA	2.1 TITLE Richard PIERRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition Asst Secretary 5003 Deauville Drive Orlando Florida 32808
TITLE S	<input type="checkbox"/> DELETE INNOCENT, RICHARDSON 18 ARCHDALE ROAD BOSTON MA	3.1 TITLE Yvon SAINT PREUX	<input type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer 1054 Clovercrest Road Orlando Florida 32811
TITLE T	<input type="checkbox"/> DELETE ARMAND, JEAN M 4 THAYER STREET BELMONT MA	4.1 TITLE Arioste POLIDOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition Member 6155 Brook hill circle Orlando, Florida 32810
TITLE CD	<input type="checkbox"/> DELETE BUISERRETH, SONY 1215 CHARLES STREET ORLANDO FL	5.1 TITLE Gérard OSIAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition Member Fairlawn Drive Orlando Florida 32809
TITLE VD	<input type="checkbox"/> DELETE EUGENE-ALIX, JEAN R 4444 SOUTH RIO GRANDE AVE #210D ORLANDO FL	6.1 TITLE Dieumene SENAT	<input type="checkbox"/> Change <input type="checkbox"/> Addition Member 4444 S Rio Grande Ave # 210D Orlando, Florida 32839

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 617, 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 REQUIRED \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # (407) 299-6990

CR2E037 (1/198)