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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE .

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G22881

1. Corporation Name

MADINE AID EVENET IMPORT CORPORATION

MADINE	AIN EXPORT IIVII OITI OOTI	OHAHON											
Principal Place of Business Mailing Address						,	110011111111111111111111111111111111111		FB() (101) (101) (101))))			
14520 S.W. 63RD CT. 14520 S.W. 63RD CT. MIAMI FL 33158 MIAMI FL 33158							DO NOT WRITE IN THIS SPACE						
•						,	3. Date Incorporat 02/07/1983	ed or Qualifed					
2. Principal Pl	lace of Business	2a. Mailin	2a. Mailing Address				4. FEI Number			lied For	Ē		
21		26					<u>59-2584351</u>			Applicable	7		
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certifcate of Sta	atus Desired	\$8.75 Ac Fee Req		al		
City & State	e	City &	City & State				1	n Campaign Financing S5.00 May Be Added to Fees					
Zip	Country	28 Zin	Zip Country				8. This corporation owes the current year Intangible						
— ·	25	29		30	•		Personal Prope		∐ Yes [□No			
24	9. Name and Address of Curren						10. Name and Add	dress of New Registe	red Agent				
	and the second				81	Name							
ZUN 1452	iga, sergio salazar 20 s.w. 63RD CT	WARTE.	i.		82	Street Addr	ess (P.O. Box Number	r is Not Acceptable)		w., ., .,			
MIAMI FL 33158				83					1,31				
					84	City		कुर्य है । जन्मीर क्षेत्र करणा है । अस्ति कार्या	85 Zip C	ode			
					1				FL S E S		ı		
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.						oration submits this standard of directors.	atement for the purpor . I hereby accept the a	se of changing its r appointment as reg	egistered istered			
SIGNATURE	Signature, typed or printed name of registered age	it and title if applicat	ile. (NOTÉ:	Registere	d Agen	t signature require	d when reinstating) /				6		
12.	OFFICERS AN			13.				ANGES TO OFFICER		RS IN 12	Š		
TITLE	D		□ DELETE	1.1 T	TILE		en general de la companya de la comp	•	☐ Change	E. J Addition	3		
NAME	SALAZAR, MARIO	•		1.2 N	IAME						ે		
STREET ADDRESS	14520 SW 63 COURT			1.3 5	TREET	ADDRESS				٠	Į		
CITY-ST-ZIP	MIAMI FL	<u> </u>		_	CITY-S	T-ZIP			Change	Addition	2		
TITLE	PSD	·.	DELETE		IILE		1.	•	. Change		1		
NAME	SALAZAR, SERGIO				AME	`				į			
STREET ADDRESS				2.3 5	TREET	ADDRESS					l		
CITY-ST-ZIP	MIAMI FL COLORS	4 .			ÇITY-S	ST-ZIP	<u> </u>		Change	☐ Addition			
TITLE 71 ib	IGA ASSENCE O DAS	1	☐ DELETÉ	3.17	MILE				[] Criange		ĺ		
NAME					MAME			-					
STREET ADDRESS	es are					ADDRESS	و المنظمة المنطقة المن	الفلافيان عويف الم		147 ylet 147,	-		
CITY-ST-ZIP				_	CITY-S	T-ZIP			☐ Change	Addition	İ		
TITLE			☐ DELETE		IITLE	İ	- ·	intra — ngu kuanda aninti 67a.	` + + ₽ E Octom April				
NAME	克 ((1)	111			NAME	I			-	•			
STREET ADDRESS		SBR CAT				TADDRESS			•				
CITY-ST-ZIP 🗀	8.21	jve 1 c r	<u>. 1993 11</u>		CITY-S	T-ZIP			Change	[] Addition			
TITLE	· ·		☐ DELETE	5.1	ΠŒ	.		Alika da bar tana d			1		

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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14526 SW 3 . . 17 . 23 .

納付出程

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90012 030 ***150.00

Change