FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # G67096 (9) AL MADINAH INVESTMENT CORPORATION					
nonal Place r	of Business	Mailing Address			\$
1313 PONCE DE LEON BOULEVARD SUITE 201 CORAL GABLES FL 33134 US		1313 PONCE DE LEON BOULEVARD SUITE 201 CORAL GABLES FL 33134 US			
				3. Date Incorporated or Qualified 3a. Date of Last Report	
				10/26/1983 4. FEI Number	03/17/1995 Applied For
Principal Pla	ce of Business	2a. Mailing Address		65-0028874	Not Applicable
Suite, Apt #	. etc.	Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28	1 0	Trust rana Continuation	Added to Fees
Zip	Country	Zip	Country 30	8. This corporation has liability for interest Florida Statutes Yes	
	25 g. Name and Address of Curi	29 rent Registered Agent	30	10. Name and Address of New Re	
	3, ((3))		81 Name		.
ALVARE:	Z, GASTON R.		82 Street Add	ress (P.O. Box Number is Not Acceptable	<u></u>
	NCE DE LEON BOULEVARD		52) Street Addi	1955 (F.O. DON HUMBOL IS NOT HOODIGADIO	·1
SUITE 2			83		
	GABLES FL 33134		84 City		85 Zip Code
COUNT WILLS I E 00104			Jan		FL T
or registere familiar with GNATUHE	o the provisions of Sections 607.05 ad agent, or both, in the State of Fi h, and accept the obligations of, Si Signature typed or printed name of registeric a	lorida. Such change was authori ection 607.0505, Florida Statute	ites, the above-named corpo- ized by the corporation's boals.	ration submits this statement for the purp and of directors. I hereby accept the appoint ad when reinstating)	ose of changing its registered offic ntment as registered agent. I am DATE
or registere familiar with GNAT UHE	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Statution typical or printed name of registerions at OFFICERS / PSTD	lorida. Such change was authori ection 607.0505, Florida Statute	ized by the corporation's boars. IOTE Registered Agont signature require 13. 1.1 Title	rd of directors. I nereby accept the appoi	ntment as registered agent. 1 am
or registers familiar with GNAT UFIE LE	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Startus typed or proted name of egistace at OFFICERS / PSTD MEDINA, ARMANDO	torida. Such change was authori ection 607,0505, Florida Statute gent and tilled aggination (N AND DIRECTORS	ized by the corporation's boards. IOTE Registered Agent signature require 13. 1.1 TILLE 1.2 NAME	ard of directors. I hereby accept the appoi	DATE DATE DERS AND DIRECTORS IN 12
or registere familiar with SNATURE SNATURE SELI ADDRESS	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authori ection 607,0505, Florida Statute gent and tilled aggination (N AND DIRECTORS	2260 by the corporation's boats. 1016. Registered Agent signature require. 13. 1.1 Title 1.2 NAME 1.3 STREEL ADDRESS	ard of directors. I hereby accept the appoi	DATE DATE DERS AND DIRECTORS IN 12
or registere familiar with SNAT URE	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Startus typed or proted name of egistace at OFFICERS / PSTD MEDINA, ARMANDO	torida. Such change was authoriection 607,0505, Florida Statute Gent and title of application (A) AND DIRECTORS DELETE	2260 by the corporation's boats. 107E Registered Agent signature require. 13. 1.1 Title 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP	ard of directors. I hereby accept the appoi	DATE DATE DERS AND DIRECTORS IN 12
or registers familiar with SNAT URE F ME BUT ADDRESS Y ST ZIP F	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authori ection 607,0505, Florida Statute gent and tilled aggination (N AND DIRECTORS	2260 by the corporation's boats. 1016. Registered Agent signature require. 13. 1.1 Title 1.2 NAME 1.3 STREEL ADDRESS	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition
or registers familiar with SNATURE F ME BELLAFORESS Y ST ZIF F	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute Gent and title of application (A) AND DIRECTORS DELETE	ized by the corporation's boals. IOTE Registered Agont signature require 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Title	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition
or registere familiar with SNAT URE	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute Gent and title of application (A) AND DIRECTORS DELETE	ized by the corporation's books. In the corp	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change
or registers familiar with small upit small upit self aforess (* \$1.20 ft s. \$	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute Gent and title of application (A) AND DIRECTORS DELETE	is. OTE: Pegistered Aports signature require 13. 1.1 TillE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition
or registers familiar with snature. Frame of the state o	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute gent and billed applicable: (N AND DIRECTORS DELETE	is. In the corporation's books. In the corporation's control of the corporation's books. In the corporation's control of the corp	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
or registers familiar with snature f tel adoress 'SLZIF f tel adoress -SLZIF f tel adoress -SLZIF f tel adoress	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute gent and billed applicable: (N AND DIRECTORS DELETE	2260 by the corporation's boals. OTE: Pegistered Aports signature require 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
or registers familiar with snature f t t t t t t t t t t t t	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute gent and bile if applicable (f. AND DIRECTORS DELETE DELETE	2260 by the corporation's books. OTE: Pegistered Aporit signature require 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
or registeric familiar with SNAT URE F ME BELLAPORESS Y ST ZIP F ME M	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute gent and billed applicable: (N AND DIRECTORS DELETE	220 by the corporation's boals. OTE: Pegistered Aports signature require 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
or registeric familiar with small upite. F. Ate. Eletaporess y St. Zip. F. M. Seel adoress y St. Zip. F. M.	ad agent, or both, in the State of Fith, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute gent and bile if applicable (f. AND DIRECTORS DELETE DELETE	226 by the corporation's boals. 13. 1.1 Till F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
OF REGISTERS FEET ADDRESS	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute gent and bile if applicable (f. AND DIRECTORS DELETE DELETE	226 by the corporation's boals. 13. 1.1 Till F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
OF TEGISTER GNATURE LE ME RELIADORESS Y ST ZIP LE ME RELIADORESS Y-ST-ZIP LE ME HELIADORESS Y-ST-ZIP LE ME HELIADORESS Y-ST-ZIP LE MF RELIADORESS Y-ST-ZIP LE MF RELIADORESS Y-ST-ZIP LE MF	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	torida. Such change was authoriection 607,0505, Florida Statute gent and bile if applicable (f. AND DIRECTORS DELETE DELETE	226 by the corporation's boals. 13. 1.1 Till F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
or registers familiar with snature f ME HET ADDRESS / ST ZIP F ME HET ADDRESS - ST - ZIP E HET ADDRESS Y - ST - ZIP F ME HET ADDRESS Y - ST - ZIP F ME HET ADDRESS Y - ST - ZIP F ME HET ADDRESS Y - ST - ZIP F ME HET ADDRESS Y - ST - ZIP F ME HET ADDRESS Y - ST - ZIP JE JE JE JE JE JE JE JE JE J	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	DELETE	220 by the corporation's books. 13. 1.1 Till F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
or registers familiar with snature F ME ELLIADORESS / SU ZUP F ME ELLIADORESS	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	DELETE	226 by the corporation's boals. 13. 1.1 Till F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILLE	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
OF REGISTERS F ME HELLADORESS Y ST 7P F ME HELLADORESS Y ST 7P ME HELLADORESS Y ST 7P LE ME HELLADORESS Y ST 7P LE ME HELLADORESS	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	DELETE	2260 by the corporation's boals. 13. 1.1 Till F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILLE 5.2 NAME	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
OF REGISTERS OF STATE FERENCE STATE ARE HELLADORESS OF STATE ARE HELLADORESS OF STATE HELLADORESS	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	DELETE	286 by the corporation's boals. 13. 1.1 Till F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILL F 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILL F 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILL F 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILL F 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILL F 5.2 NAME 5.3 STREET ADDRESS	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
OF TEGISTORY OF THE TEGISTORY	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	DELETE DELETE	286 by the corporation's boals. 13. 1.1 Till F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 NAME 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
or registere familiar with SNATURE	ad agent, or both, in the State of Fi h, and accept the obligations of, Si Statution typical or printed name of registeric at OFFICERS / PSTD MEDINA, ARMANDO 8600 SW 4 STREET	DELETE DELETE	286 by the corporation's boals. 13. 1.1 Till F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TILLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 5.1 TILLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 6.1 TITLE	ard of directors. I hereby accept the appoi	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition

SIGNATURE: SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V-36-94 Daytime Proce

CR2E034 (12/95)