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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # H00625

(4)

MIDA DEVELOPMENT CORPORATION

7841 SW 89TH AVENUE

MOREIRAS, JOSE

740 ALEDO AVENUE

CORAL GABLES FL

MIAMI FL

Principal Place of Business Mailing Address 7599 NW 7TH ST. 7599 NW 7TH ST. MIAMI FL 33126-2908 MIAMI FL 33126 3a. Date of Last Report 3. Date Incorporated or Qualified 02/02/1996 04/25/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2444185 21 26 Not Applicable Suite, Apt. #. etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Ζıp This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yes No 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name ESPINOSA, PATRICIA O. 7599 NW 7TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33126** 83 84 City Zip Code 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styriature, its contine point dimains of regulated diagram and the it applicance (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Change Addition DELETE TITLE 1.1 TITLE ESPINOSA, FRANCISO C. CR2E034 NAME 1.2 NAME 7321 LOS PINOS BLVD 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST ZIP 1.4 CITY-ST-ZIP DELETE Change Addition VSD TITLE 2.1 TITLE BARREIRO, L JESUS G. 2.2 NAME NAME 5430 SW 89TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL CITY - ST - 7IP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition VD TITLE 31 TITLE **GUISASOLA, JORGE** NAME 3.2 NAME

6.4 CITY-ST-ZIP

14. If do 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 tals annual report or suppliemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or prector 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

4.4 DITY - ST-ZIP

34. City - ST-ZIP

41 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CON-ST-ZIF

09Y-S1-7P

CITY-ST-ZiP

TITLE

NAME

TITLE

MAME

THEF

NAME

CHATURE AND TYPED OR PRINTED NAME OF STEMAN OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

1-16-97

Daytime Phone #

Change

Change

Addition

Addition

Addition

FILED

Jan 24 1997 8:00am

Secretary of State