

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J27169 (8)

1. Corporation Name

MALDONADO & ASSOCIATES INC.



Principal Place of Business

**1800 W 49 ST.
SUITE 305
HIALEAH FL 33172
US**

Mailing Address

**C/O ALBERTO E. MALDONADO
10245-47 NW 9 ST. CIRCLE 112
MIAMI FL 33172
US**

3. Date Incorporated or Qualified
08/04/1986

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 **1790 WEST 49TH STREET**

26 **1790 WEST 49TH STREET**

4. FEI Number
59-2706951

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **208**

Suite, Apt. #, etc.
27 **SUITE 208**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
HIALEAH FL

28 City & State
HIALEAH FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip Country
33012 DADE

29 Zip Country
33012 DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALDONADO, ALBERTO E.
10245-47 NW 9 ST. CIRCLE 112
MIAMI FL 33172**

81 Name
MALDONADO, ALBERTO E

82 Street Address (P.O. Box Number is Not Acceptable)
13228 NW 11 ST.

83

84 City
MIAMI

85 Zip Code
FL 33182

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]

04/18/96

Signature of officer or director, name of registered agent, and date of filing

Signature of Agent, name of registered agent, and date of filing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MALDONADO, ALBERTO E.
10245-47 NW 9 ST CIRCLE 112
MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MALDONADO, ALBERTO E
13228 NW 11 STREET, MIAMI, FL 33182**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/96

305-362-3949

Date

Daytime Phone #

CR2E034 (12/95)