

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 24 PM 4:16

**DOCUMENT # K31375 (4)**

1. Corporation Name  
**MAIDI CORPORATION**

Principal Place of Business      Mailing Address  
**% STEPHEN FREEMAN  
520 BRICKELL KEY DR. SUITE 305  
MIAMI FL 33131**      **% STEPHEN FREEMAN  
520 BRICKELL KEY DR. SUITE 305  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/18/1988</b>	3a. Date of Last Report <b>02/07/1994</b>
4. FEI Number <b>65-0104233</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199(1)(3), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**  
**FREEMAN, STEPHEN  
520 BRICKELL KEY DR  
SUITE 305  
MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Signature (Typed or printed name of registered agent, and title of agent, if applicable)      (Print) Registered Agent (and address if agent other than entity)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>
NAME	<b>CASTRO, JANNE RENEE</b>
STREET ADDRESS	<b>520 BRICKELL KEY DR #305</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>FREEMAN, STEPHEN A.</b>
STREET ADDRESS	<b>520 BRICKELL KEY DR #305</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY:**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY ST ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY ST ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY ST ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY ST ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY ST ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(1)(3)(b), Florida Statutes. I further certify that the information indicated on the 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 of this report, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **STEPHEN A. FREEMAN (Secretary) 02/16/95 (305) 374-3800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR