FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72378 (8)

1. Corporation Name
MADILA, INC.

Principal Place of Business	Mailing Address
12189 U.S. HWY 1 NORTH PALM BEACH FL 33408	12189 U.S. HWY 1 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 03/14/1989
3a. Date of Last Report: 08/19/1994
4. FEI Number: 65-0123000 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ETTMAN, JON
1823 ANTIGUA ROAD
LAKE CLARKE SHORES FL 33406

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ETTMAN, JON
STREET ADDRESS	1823 ANTIGUA ROAD
CITY-ST-ZIP	LK CLARKE SHORES FL
TITLE	DV
NAME	LONDONO, FRANCISCO
STREET ADDRESS	3575 S. OCEAN BLVD.,#402
CITY-ST-ZIP	SOUTH PALM BEACH FL
TITLE	DS
NAME	MAYO, CLEMENTE R.
STREET ADDRESS	190 WOODLAND ROAD
CITY-ST-ZIP	PALM SPRINGS FL
TITLE	DT
NAME	GOITIA, MARIA ELENA
STREET ADDRESS	190 WOODLAND ROAD
CITY-ST-ZIP	PALM SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition, six blank entries)

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(1)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: F. Londono — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (Date) — 407-775-9133 (Daytime Phone #)

0247750 CP