

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

APPROVED
AND
FILED

95 APR 18 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M17360**

(2)

1. Corporation Name

MADICK DEVELOPERS, INC.

Principal Place of Business

**306 ALCAZAR AVE
303
CORAL GABLES FL 33134
US**

Mailing Address

**306 ALCAZAR AVENUE
303
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2549978

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. 198.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

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

**SIMAN, MAURICIO J.
906 PALERMO AVE
CORAL GABLES FL 33134**

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 date of registration)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD

**SIMAN, MAURICIO J.
906 PALERMO AVENUE
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

SD

**SIMAN, SARA L.
906 PALERMO AVENUE
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VTD

**FERNANDEZ, CARMEN SIMAN
442 ARAON AVENUE
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VD

**SIMAN, MAURICIO VICTO
906 PALERMO AVENUE
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

**SIMAN, DIEGO L.
906 PALERMO AVE
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change

☐ Addition

SIMAN, MAURICIO VICTOR

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change

☐ Addition

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)(b), Florida Statutes. I further certify that the information submitted on this 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 have the power or authority to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit filed with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95