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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
1995 JAN 24 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # M51603 (2)

1. Corporation Name
MADOS INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3158 NW 7 ST. MIAMI FL 33125 US	P. O. BOX 351432 MIAMI FL 33135 US

3. Date Incorporated or Qualified: 05/06/1987
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2816457 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) #
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) MIAMI FL
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUAREZ, MARIA
712 N.W. 33RD AVENUE
MIAMI FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, MARIA D.	1.2 NAME	
STREET ADDRESS	1300 S.W. 122ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, MARIA D.	2.2 NAME	
STREET ADDRESS	1300 S.W. 122ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: _____ 01-09-95
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0420070 FP