

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 AMENDED	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State, DIVISION OF CORPORATIONS
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FILED  
 99 JUN -2 PM 5:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** N98000003145 OK  
 1. Corporation Name  
**PAIDOS, INC.**

Principal Place of Business 812 S.W. 102 PL Miami, FL 33174	Mailing Address 812 S.W. 102 PL Miami, FL 33174
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 06/02/1998	4. FEI Number 05-0872356 Applied For Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Padron, Carlos E. 338 Minorca Avenue Coral Gables, FL 33134		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D - PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE D - SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Castellanos, Raimundo J.	1.2 NAME Padron, Ruben J.
STREET ADDRESS 812 S.W. 102 Place	1.3 STREET ADDRESS 3900 16th Street NW #206	CITY-ST-ZIP Miami, FL 33174	1.4 CITY-ST-ZIP Washington, DC 20011
TITLE D - VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE D - TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Castellanos, Ana G.	2.2 NAME Ferreiro, Joe
STREET ADDRESS 812 S.W. 102 Place	2.3 STREET ADDRESS 7891 N.W. 16th Street	CITY-ST-ZIP Miami, FL 33174	2.4 CITY-ST-ZIP Pembroke Pines, FL 33024
TITLE D <input type="checkbox"/> DELETE	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Alvarez, Eduardo J.	3.2 NAME Menendez, Jose Luis
STREET ADDRESS 13339 S.W. 9th Terr.	3.3 STREET ADDRESS Corpus Christy Church	CITY-ST-ZIP Miami, FL 33184	3.4 CITY-ST-ZIP Miami, Florida 33127
TITLE <input type="checkbox"/> DELETE	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 900002902929--6	4.2 NAME Hermida, Humberto
STREET ADDRESS -06/14/99--01009--003	4.3 STREET ADDRESS 5342 S.W. 154 Place	CITY-ST-ZIP *****35.00 *****25.00	4.4 CITY-ST-ZIP Miami, FL 33185
TITLE <input type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 900002902929--6	5.2 NAME Ariza, Rafael
STREET ADDRESS -06/14/99--01009--004	5.3 STREET ADDRESS 4121 S.W. 60th Place	CITY-ST-ZIP *****26.25 *****25.25	5.4 CITY-ST-ZIP Miami, FL 33155
TITLE <input type="checkbox"/> DELETE	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Perez, Pablo	6.2 NAME Perez, Pablo
STREET ADDRESS	6.3 STREET ADDRESS 4510 S.W. 102 Court	CITY-ST-ZIP	6.4 CITY-ST-ZIP Miami, FL 33165

14. I hereby certify that the information supplied with this filing 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. **SEE ADDENDUM ATTACHED HERETO.**

SIGNATURE: \_\_\_\_\_ DATE: 3/3/99 DAYTIME PHONE #: (305) 223-1788

CR20937 (11/98)

ADDENDUM TO AMENDED ANNUAL REPORT

Block 13.

Addition

D

Gonzalez, Pedro  
727 E. Dilido Drive  
Miami Beach, Florida

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Addition

D

De los Reyes, Rafael  
5750 S.W. 45th Terrace  
Miami, FL 33155

Addition

D

Suarez, Angel  
6301 Collins Avenue  
Miami Beach, FL 33141