

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

DOCUMENT # P02769 (8)

1. Corporation Name

MADING CORPORATION LTD.

Principal Place of Business

C/O PEDRO A. MARTIN
701 BRICKELL AVE. SUITE 1600
MIAMI FL 33131

Mailing Address

C/O PEDRO A. MARTIN
701 BRICKELL AVE. SUITE 1600
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1984

3a. Date of Last Report

04/25/1994

4. FEI Number

54-2456904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 c/o Leonardo Gravier, CPA

Suite, Apt. #, etc

22 Suite 500

City & State

23 Coral Gables, Florida

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 c/o Leonardo Gravier, CPA

Suite, Apt. #, etc

27 Suite 500

City & State

28 Coral Gables, Florida

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

MARTIN, PEDRO A., ESQUIRE
BAKER & MCKENZIE
701 BRICKELL AVE, SUITE 1600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Greenberg Traurig

1221 Brickell Avenue

84 City

Miami

FL

85 Zip Code

33131

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 signature

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME URRIOLA, JULIO ANTONIO Q
STREET ADDRESS EDIF.SALDUBA ULTIMO PISO
CITY, ST, ZIP PANAMA 5, PANAMA

TITLE S
NAME ARIAS BELL, RAMON R.
STREET ADDRESS EDIF.SALDUBA ULTIMO PISO
CITY, ST, ZIP PANAMA 5, PANAMA

TITLE T
NAME ZURITA, ERNESTO, JR.
STREET ADDRESS EDIF.SALDUBA ULTIMO PISO
CITY, ST, ZIP PANAMA 5, PANAMA

TITLE AIF
NAME DEL CASTILLO, JOSE
STREET ADDRESS 701 BRICKELL AVE #1600
CITY, ST, ZIP MIAMI FL-

TITLE AIF
NAME RODRIGUEZ, IGNACIO
STREET ADDRESS 701 BRICKELL AVE #1600
CITY, ST, ZIP MIAMI FL-

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(2)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE DEL CASTILLO

APRIL, 30, 1995

Date

Signature