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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400054927

1. Corporation Name

MADIDOD HOLDINGS INC

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90037 022 ***150.00

IVIANIOU	n noldings, inc.						
Principal Place	e of Business	Mailing Address			I 188012001 318 18111 81841 8241 98414 98414 98414	MI WITHE MUNICE INCIDE	11011 1001 1001
2699 S BAYSHORE DR SUITE 700 2699 S BAYSHORE DR SUI MIAMI FL 33133 MIAMI FL 33133			JITE 7 0 0		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed	O OI NOL	
					07/25/1994		
2. Principal Place of Business 2a. Mailing Address			-		4. FEI Number	App	lied For
21	125 21 255000	26	3		65-0527401	Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$8.75 A	dditional
22 27		27			5. Certificate of Status Desired	Fee Re	
City & Stat	le	Citý & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country		Count	ry	This corporation owes the current year		(□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Currer	ır veðisteten Ağenr	8	1 Name	In Hallie and Address of Hon Helistele	g	_
COF	RPCO INC		<u>.</u>				
2699 S BAYSHORE DR 7TH FLOOR			8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33133			8	3			
	٠						
			8	4 City	F	L 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	ve-named co	reporation submits this statement for the purpose	of changing its	registered
) office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was al	utborizea c	iv the corpora	ation's board of directors. I hereby accept the app	iointment as reg	jistered
ĺ			.,				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Ag	jent signature requ	lired when reinstating) DATE	_	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
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CITY-ST-ZIP

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 607, 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.

WORE REQUIRADOLFO J. KIBLISKY, Pres.