FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000027330 (6)					
MAID	CONNECTION INC.				
Principal Place	e of Business	Mailing Address			BRUIL BRITT TIBUT TEART NITE OF THE BOIL TARK
9061 SW 181 TERRACE MIAMI FL 33157		9061 SW 181 TERRACE MIAMI FL 33157			
		3 .		3. Date incorporated or Qualified 04/03/1995	3a. Date of Last Report N/A
2. Principal Place of Business A M C		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, Apl. #, etc.		65-056945	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Currer	29	30	Florida Statutes 🔲 Yes	₽ No
	5. Name and Address of Currer	it Hegistereo Agent	81 Name	10. Name and Address of New R	egistered Agent
DURAN	ZA-SWEENEY, DORIS				
9061 SW 181 TERRACE			82 Street Add	ress (P.O. Box Number is Not Acceptab	e)
MIAMI FL 33157			83		
			84 City		
***			' ' ' ' '		FL 85 Zip Code
11. Pursuant or register	to the provisions of Sections 607,050 red alient, or both, in the State of Ida	and 607.1508, Florida Si	atutes, the above named corpor	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office
familiar wi	th, and appear the obligations of, Sect	idn 607,0505, Florida Stat	utes.	A A Thereby accept the appo	ontinent as registered agent. I am
SIGNATURE	Sililature, build or mining parties of reassering arrest	MOUNT ZO	(NOTE: Registered Agent signature require	Ser	16-76
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIBLECTORS IN 12
TITLE		DELETE	1 1 THUE		Change Addition
NAME	į		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CHY-ST-ZIP		
TITLE]	DELETE	2. 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 City-ST-ZiP		
NAME		בַ טַ טַנוּרוּנּ	3. 1 TITLE		Change Addition
STREET ADDRESS			3 2 NAME		
CITY-ST-ZIP			3.3. STREET ADDRESS		
TITLE		DELETE.	3.4 CHY-S1-ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		[] DELETH	5 1 THLE		Change Addition
NAME			5.2 NAME		
STREFT ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k), 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 cath; that I am an officer or director of the corporation on 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 12 if charged or on air futualment with an address.

64 CITY-ST-ZIP

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (12/95)