

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050474 (2)

1. Corporation Name

MATILDE HOLDINGS, INC.



Principal Place of Business

251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

Mailing Address

251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

2. Principal Place of Business

2a. Mailing Address

21 Mendoza, Callas & Schilling

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

26 City & State

27 Zip

28 Country

29 City & State

30 Zip

31 Country

9. Name and Address of Current Registered Agent

DE-MENDOZA, MARIO G III
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

4. FET Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☒ No

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 607.1506, 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

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE MENDOZA, MARIO G III	
STREET ADDRESS	251 ROYAL PALM WAY, SIXTH FLOOR	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SENIOR, RAUL	
13. STREET ADDRESS	251 Royal Palm Way	
14. CITY-ST-ZIP	Palm Beach, FL 33480	
2. TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	MENDOZA, MATILDE G. de SENIOR	
23. STREET ADDRESS	251 Royal Palm Way	
24. CITY-ST-ZIP	Palm Beach, FL 33480	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:

Raul Senior, President

4/2/96

407/659-1111

SC 4-17-96

CR2E034 (12/95)