

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000072298 (9)
 1. Corporation Name
MALEN ENTERPRISE, INC.



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|---|---|
| Principal Place of Business 1111 S. ROYAL POINCIANA BLVD. MIAMI FL 33166 | Mailing Address 1111 S. ROYAL POINCIANA BLVD. MIAMI FL 33166 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------|-------------------------|------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/19/1995 | |
| 21. Suite, Apt. #, etc. | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number 65-0607447 | Applied For Not Applicable |
| 23. Zip | 25. Country | 28. Zip | 30. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|--|--|--|--|--|------------------------|------------------------------|--|
| 9. Name and Address of Current Registered Agent YERA, MARIA L 1111 S. ROYAL POINCIANA BLVD. MIAMI FL 33166 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81. Name GARCIA, MATILDE | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) 1111 S. ROYAL POINCIANA BLVD. | | | |
| | | | | 83. City | 84. State FL | 85. Zip Code 33166 | |

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 *Alesailce Figueroles* **4-21-98**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--------------------------------------|---|--|
| TITLE PTD | NAME YERA, MARIA L | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PTD |
| STREET ADDRESS 1111 S. ROYAL POINCIANA BLVD. | CITY-ST-ZIP MIAMI FL 33166 | | 1.2 NAME FIGUEROLES, ALESAILEC |
| | | | 1.3 STREET ADDRESS 1111 S. ROYAL POINCIANA BLVD. |
| | | | 1.4 CITY-ST-ZIP MIAMI FL 33166 |
| TITLE VSD | NAME GARCIA, MATILDE | <input type="checkbox"/> DELETE | 2.1 TITLE S/D |
| STREET ADDRESS 1111 S. ROYAL POINCIANA BLVD. | CITY-ST-ZIP MIAMI FL 33166 | | 2.2 NAME FIGUEROLES, ALESAILEC |
| | | | 2.3 STREET ADDRESS 1111 S. ROYAL POINCIANA BLVD. |
| | | | 2.4 CITY-ST-ZIP MIAMI FL 33166 |
| TITLE T/D | NAME FIGUEROLES, ALESAILEC | <input type="checkbox"/> DELETE | 3.1 TITLE T/D |
| STREET ADDRESS 1111 S. ROYAL POINCIANA BLVD. | CITY-ST-ZIP MIAMI FL 33166 | | 3.2 NAME FIGUEROLES, ALESAILEC |
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| TITLE T/D | NAME FIGUEROLES, ALESAILEC | <input type="checkbox"/> DELETE | 4.1 TITLE T/D |
| STREET ADDRESS 1111 S. ROYAL POINCIANA BLVD. | CITY-ST-ZIP MIAMI FL 33166 | | 4.2 NAME FIGUEROLES, ALESAILEC |
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| | | | 4.4 CITY-ST-ZIP MIAMI FL 33166 |
| TITLE T/D | NAME FIGUEROLES, ALESAILEC | <input type="checkbox"/> DELETE | 5.1 TITLE T/D |
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| | | | 6.4 CITY-ST-ZIP MIAMI FL 33166 |

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.

SIGNATURE: *Alesailce Figueroles* **4-21-98 (305) 884-6360**

CR2E034 (10/97)