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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500081639 (3)

MALONSOS INC.

Principal Flace of Business Mailing Address

8840 S.W. 45TH LANE

UNIT 3 UNIT 3

MIAMI FL 33155 MIAMI FL 33155-8824

FILED May 06 1997 8:00am Secretary of State

3a. Date of Last Report 05/01/1996



 Date Incorporated or Qualified 10/24/1995

2. Principal Pa	ace of Business	2a. Mailing Address			4. FEI Number 65-0622831		pplied For
21		26			0070022031		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	N ,	Additional lequired
City & State	•	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28		···	Trust Fund Contribution] Added	to Fees
Zip	Country	Zip	Country	1	This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			es No 🗀	
AL 0.	9. Name and Address of Curre	int Registered Agent	81	Name	10. Name and Address of New Regis	terea Agent	
ALUMO, MANN T				or Name			
6840 S.W. 45TH LANE				82 Street Address (P.O. Box Number is Not Acceptable)			
UNIT 3				63			
MIAMI FL 33155							
			84	City		85 Zip	Code
11. Pursuant t office or re	to the provisions of Sections 607.05 eastered agent, or both, in the Stat	i02 and 607.1508, Florida Statu te of Florida. Such change was	ites, the above authorized by	e-named corp the corporat	oration submits this statement for the purp ion's board of directors. I hereby accept the	iose of changing in ne appointment as	its registered s registered
agent. i a	m familiar with, and accept the obli	gations of, Section 607,0505, F	lorida Statute	S.	,,		
SIGNATURE							
	Signature, typed or printed name of registered a			ent signature requir		DATE DIDECTO	DO (N) 40
12.	D OFFICERS A	ND DIRECTORS [] DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change	
i i	ALONSO, MARIA T.	L] better	1.2 NAME	Ì		L. Grande	L Addition
NAME	6840 S.W. 45TH LANE #3						
STREET ADORESS	MIAMI FL		1.3 STREET	i i			
CITY-ST 7IP	MINNIFL	DELETE	1.4 CiTY - 9	51 - ZIP		Change	☐ Addition
THLE		L-1 DETEN	2.1 TITLE	Ì		☐ change	Addition
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET				
CITY-ST ZIP		DELETE	2. 4 City -	ST-ZIP		Change	Addition
THLE		T"1 DETELE	3.1 TITLE			Change	LI ADDITION
NAME			32 NAME				
STREET ADDRESS			3.3 STREET				
CITY -SJ - Zi ²		DELETE	3.4. CITY -	ST-ZIP		Change	Addition
THE		רין הנרנונ	4.1 TITLE			TT cusude	אמטונוטא נ_
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET	- 1			
C(TY+ST-ZIP		DELETE	4.4 CiTY - 5	ST-Z#P		Change	Addition
11111		L DETEIL	5.1 TITLE			LJ Change	□ voonoon
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
City-St-Zii		l occure	5.4 CITY-5	ST - ZIP		[] (h	1 12200
TITLE		DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME				
STREE! ADDRESS			6.3 STREE				
CITY - ST - ZIP	and fighted the fifther the state of the sta	ing wat able files do o o o o	6.4 CITY - 5		die Caption 440 07/07/0 Frentsie Okt.	from a mark of	4 4b -
14. I do heret informatio	by certify that the information suppl in indicated on this annual report of	ied with this tiling does not qua r supplemental annual report is	ality for the exe true and acc	emption stated urate and that	d in Section 119.07(3)(i), Florida Statutes. It my signature shall have the same legal et	rurtner certify that fect as if made ur	i the nder oath: that

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: Have (TOWN SE MININA) T. ALINE 4.26.97 (300)662-1700 (9.3)