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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P95000091519 (5)

MALONECO, INC.



Principal Place of Business Mailing Address						]	iit <b>Băici Oğil</b>	. B. B. 1188 B. B. 181 (1818 181) 181
700 E. DANIA BEACH BLVD.: #201 DANIA FL 33004			700 E. DANIA BEACH BLVD., #201 Dania Fl 33004					
						3. Date Incorporated or Qualified 11/29/1995	3a. Date	of Last Report
	lace of Business	2a. Mail	ling Address			4. FEI Number	<del></del>	Applied For
21		26		·		65-062172	9	Not Applicable
Suite, Apt.		27	e, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	2	28 City	& State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zo		Country		8. This corporation has liability for in		x under s. 199.032,
24	25	29		30		Florida Statutes  Yes	_	
	g. Name and Address of Curre	ni Hegistered	Agent	81 Nar		10. Name and Address of New Ro	egistered /	\gent
1441.0	NE MO			81 Nar	тiе			
	NE, M.P.			82 Stre	eet Addres	s (P.O. Box Number is Not Acceptabl	e)	
	. DANIA BEACH BLVD., #201 A FL 33004			83				
UANIA	1 1 2 3 3 3 3 3 3							
				<b>84</b> City	,			85 Zip Code
11. Pursuant !	to the provisions of Sections 607.050	2 and 607 150	8 Florida Statute	es the above name	d composit	on submits this statement for the purp	<u>FL</u>	
	ed agent, or both, in the State of Flor	ido Sugh cha	ago was outborize		n's board	of directors. I hereby accept the appo	intment as	nging its registered office registered agent. Lanı
familiar wit	the and account the obligations of Con	Jua Such Char	Elevada Cresidad	ed by the corporation				
OKALATUSE	in, and accept the obligations of, Soc.	aiori bur usus,	, monda statutes	i.				
SIGNATURE	Syndras, types or project carry of registered age.	fand steidars kak	, monda Statutes	dr. Roystead Agert signat		hen ronstaring	DATE	DIOCOTORS IN LA
OKALATUSE	Syndras, types or project carry of registered age.	aiori bur usus,	, monda statutes (Ni) S	dt. Registerad Agent signat 13.			CERS AND	
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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 appears in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 954-922-3122
Dayson Proces