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PROFIT
CORPORATION*
ANNUAL REPORT



FLORIDA DEPAR<mark>TMENT OF</mark> STATE

Sandra B. Morthans

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000051779 (2)

M.C.D. INTERNATIONAL CORPORATION

FILED May 07 1997 8:00am Secretary of State

Principal Paice of Business 3062 NW 72 AVE. MIAMI FL 33122	Mailing Address 3062 NW 72 AVE. MIAMI FL 33122-1314						
		·	٠	3. Date Incorporated or Qualified 06/18/1996	3 a. Dat	e of Last F	Report
2. Principal Place of Business	2a. Mailing Address 26			4. FEI Number - 068 15	17		oplied For ot Applicable
Sute, Apt #, etc. ≥	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State 3	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Z _{1D} Gountry 25	Zip 29	Country 30		8. This corporation has liability fo	r intangible t	ax under s	
9. Name and Address of C				10. Name and Address of New F	legistered A	gent	
- MARQUEZ, DAVID		81	Name				
3062 NW 72 AVE. MIAMI FL 33122		82	Street Addre	ss (P.O. Box Number is Not Accept	able)		
mirani i L 55122		83		100			
		84	City		FL	85 Zip	Code
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE. 		nonda Statutes.		•			
Stignal as appead on prosted number of registe 12. OFFICER	orest agent and little if applicable (NC RS AND DIRECTORS	DTE: Registered Agent :	signature required	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	RS IN 12
12. OFFICER THE PRESIDENT	RS AND DIRECTORS	13. 1.1 TITLE	signature required		ICERS AND	DIRECTOF Change	
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I. I do 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 do this acquait 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 composition 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 03/31/97 x 9/1-941