DOCUMENT # P9600076033  1. Entity Name MIDACOMP CORP.						FILED May 09, 2001 8:00 am Secretary of State 05-09-2001 90002 002 ***150.00				
Principal Place of Business 8412 NW 7TH ST MIAMI FL 33126 US		Mailing Address 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH FL 33190 US								
	Place of Business 5 NW 72 SC	3. Mailing Address			_					
Suite, Apt		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta		City & State			4.	FEI Number 65-0703766			ed For	
Zip BBI	Country	Zip	Countr	у	5.	Certificate of Status Desired		5 Addition		
35(	6. Name and Address of Current F	Registered Agent		Name	7.	Name and Address of New Reg		quired		
ALVAREZ, JOSE G					s (P.O. F	Box Number is Not Acceptable)				
	2 NW 17 ST MI FL 33126									
VV			}	8545 DW 72 ST			FL Zip	Code	53166	
8. The above	named entry supris the statement for	the purpose of changing its r	registered		<del></del> -	gent, or both, in the State of Florida		3	12100	
SIGNATURE	Signature, type printed name of registered agent an	G. Aluma (NOTE:	: Registered /	Agent signature requ	lited when re	einstating)	Jane /2001		{	
Tax filing requirement and elects to do so After MA			1!! FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of State			10. Election Campaign Financ Trust Fund Contribution.	· '	\$5.00 t Added to		
11.	OFFICERS AND D	<del></del>	12.	<del></del>	AD	DITIONS/CHANGES TO OFFICE				
NAME STREET ADDRESS CITY-ST-ZIP	MIZRAHI, MOISES 8412 NW 17TH ST MIAMI FL 33126	☐ Delete	NAME STREET CITY-S	l l		NW 72 ST , FL 33166	<b>∑</b> Cha	nge L	Addition {	
TITLE NAME STREET ADDRESS	AS SMITH, JOSE ESQ 2450 N.E. MIAMI GARDENS DRIVE	□ Delete E, 2ND FLOOR		ADDRESS	<u>·</u>		☐ Cha	inge [	Addition	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180 SD.————————————————————————————————————	Delete - 13		<del></del>	<del></del>		<b>⊠</b> Cha	inge [	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	8412 NW 17TH ST MIAMI FL 33126		NAME STREET CITY-S	· i		NW 72 ST L FL 33166				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Cha	inge [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-7IP			☐ Cha	nge [	] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS			☐ Cha	nge [	] Addition	
indicated	certify that the information supplied with the on this report or supplemental report is fi poration or the receiver or trustee emporation or the receiver or trustee emporation or an attachment with an addless, where the supplementation is the content of the supplementation o	Nie and accurate and that my	v signatur	'e shall have th	e same l	legal effect as if made under oath	· that I am an of	ficer or c	director	
SIGNAT	URE: SIGNATURE AND WHED OR PRI	1056 6. 12h	7	<del></del>		3/26/2001	305 - Daytime Pho		199	