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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000025296 (9) DOCUMENT #

MULTI DYNAMICS (USA), INC.

**FILED** May 15 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address					r control tim totit botti dotti odtit odtit odtit detid tibri ditil tedib idela diti				
80 SW 8TH STREET		80 SW BTH STREET									
SUITE 2077		SUITE 2077					DO NOT WRITE IN THIS COACE				
MIAMI FL 33130			MIAMI FL 33130				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
							03/20/1997				
2. Principal P	lace of Business	<b>2a.</b> Mai	iling Address				4. FEI Number	2	Ann	olied For	
21 140	I BRICKELL AVE.	26 /	401 30	ICKEL	(	NE.	4. FEI Number - 073852	<b>5</b>		Applicable	
Suite, Apt	#, etc.		le, Apt. #, etc.	1000						dditional	
1060		27	706 O				5. Certificate of Status Desired		ee Rec		
City & State		City	City & State HISHI, F.			,	Election Campaign Financing \$5.00 May B			May Be	
		1-7					Trust Fund Contribution				
Zip 33/	Country	Zip	22/2/	Cou	intry	IIC A	8. This corporation owes or has paid the	current ye	ar I <u>nta</u>	ngible	
24 33/		29	00/0	30	(	1.5.D.	Personal Property Tax due June 30.	Yes		No	
	9. Name and Address of Current	Hegistered	Agent		81	Nama	10. Name and Address of New Register	ed Agent			
AGRAMUNT, LUIS						Name					
80 SW 8TH STREET					82	Street Addr	dress (P.O. Box Number is Not Acceptable)				
	UITE 2077				83						
M	IIAMI FL 33130				83						
					84	City		- 85	Zip Ci	ode	
## Dura you	to the provisions of Cost and CO7 or or		00 51-34-00-		Ш				· · · ·		
11. Pursuant t office or re	ogistered agent, or both, in the State o	and 607.15 If Florida S	oos, Fiorida Stat uch change wa:	utes, the at s authorize	d by	e-named corp of the corporat	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e of chang appointme	ging its ent as re	registered   egistered	
agent. Lai	m <b>la</b> miliar with, and accept the obligat	ions of, Sec	ot⊧on <b>607.ō</b> 5 <b>0</b> 5, (	Florida Stat	lutes	i. '	, .,,				
SIGNATURE	Signature, typed or printed name of registered agen		— — — — — — — — — — — — — — — — —								
12,	OFFICERS AND		·	13.	d Age	nt signature requir	uired when reinstating) DAT  ADDITIONS/CHANGES TO OFFICERS (		OTODO		
TITLE	D		DELETE	1.1 10	31 F		ADDITIONS/CHANGES TO OFFICERS			Addition	
NAME	BOLUDA, ANTONIO J			12 N/					ungo	- Nodition	
STREET ADDRESS	80 SW 8TH STREET					ADDRESS					
CITY-ST-ZIP	MIAMI FL 33130			1.4 00						1	
TITLE			DELETE	2.1 7/1		1-211		☐ Ch	ange	☐ Addition	
NAME				2.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				2.40							
TITLE			DELETE	3.1 1/1		. 411		☐ Ch	ange	Addition	
NAME				3.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4. C			•				
TITLE			DELETE	4.1 TO			1	☐ Ch	ange	Addition	
NAME				4. 2 N/	AME				-	-	
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				4.4 CI							
TITLE			DELETE	5.1 1/1				☐ Chi	ange	Addition	
NAME				5.2 NA	ME				-	1	
STREET ADDRESS				5.3 ST	REET	ADDRESS				ļ	
CITY-ST-ZIP		(		5.4 CIT	TY - 51	1-7IP				1	
TITLE		1.	DELETE	6.1 TiT				☐ Cha	ange	Addition	
NAME		/		6.2 NA	ME				-		
STREET ADDRESS		'	\	6.3 ST	REET	ADDRESS					
CITY-ST-ZIP				6.4 CI	[Y-S]	- ZIP					
14. I hereby or	ertify that the information supplied with	this filing o	does not qualify	for the exe	mpi	ion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	certify the	t the in	formation	

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:

2 hc/1902 /25/38/-6030