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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P97000039847

| CLUB MADO | ONNA II, INC. | | |
|---|---------------------------|--|--|
| | | | |
| Principal Place of Business 1527 WASHINGTON AVENUE MIAMI BEACH FL 33139 | | Mailing Address | |
| | | 1527 WASHINGTON AVENUE MIAMI BEACH FL 33139 | |
| • | | | |
| 2. Principal Place | of Business | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc | 2. | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | · - · - · ¥ 2 · 2 · - · | . City & State | |
| 23 | | 28 | |
| Zip | Country | Zip Country | |
| <u> </u> | 25 | 20 30 | |

FILED Apr 22, 1999 8:00 am Secretary of State

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|--|---|--------------------------------|---|--|--|---------------|-------------|----------------------------|
| • | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 05/05/1997 | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | A | pplied For |
| i . | | 26 | | | 65-0749751 | | ٨ | lot Applicable |
| Suite, Apt. 8 | #, etc. | Suite, Apt. #, etc. | | • | 5 Contiferate of Status Desired | | • - | Additional |
| 2 | | 27 | | | 5. Certifcate of Status Desired | | Fee F | Required |
| City & State | 9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | City & State | | | 6. Election Campaign Financing | . 🗆 | \$5.00 | May Be |
| 3 | | 28 | | - | Trust Fund Contribution: | | Addec | to Fees. |
| Zip | Country | Zip | Cou | intry | 8. This corporation owes the cur | rent year Ini | | \checkmark |
| 4 | 25 | 29 | 30 | | Personal Property Tax. | | ∐ Yes | MNo |
| , | 9. Name and Address of Current | Registered Agent | _ | | 10. Name and Address of New | Registered | Agent | |
| ^~- | COLL I INDA DOUCEA | | | 81 Name | | | | |
| | FITH, LINDA RIVERA | | | 82 Street Add | dress (P.O. Box Number is Not Accept | able) | | |
| | WASHINGTON AVENUE | | | | | | | |
| MIAN | /II BEACH FL 33139 | | | 83 | | | | |
| | | | | 84 City | | | 85 Zip | Code |
| | • | | | GA City | | FL | - - | |
| 1. Pursuant t | to the provisions of Sections 607.0502 | and 607.1508, Florida Statu | tes, the a | bove-named cor | rporation submits this statement for the | purpose of | changing il | s registered |
| omice or re agent. I ar | egistered agent, or both, in the State of n familiar with, and accept the obligation | ons of, Section 607.0505, Fi | orida Stat | utes. | tion's board of directors. I hereby acce | p appo | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOT | E: Registered | i Agent signature requi | ared when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | | ND DIRECT | ORS IN 12 |
| | | | | | ADDITIONS/CITATIONS TO CI | | | |
| | PN | ☐ DELETE | _ | TLE T | ADDITIONS/CHANGES TO OF | | Change | Additio |
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| NTLE VAME STREET ADDRESS CITY-ST-ZIP | GRIFFITH, LINDA RIVERA 1527 WASHINGTON AVENUE | | 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI | TREET ADDRESS | ADDITIONS OF ARTISES FOR | h day- | ☐ Change | |
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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 interanged, or on an entachment with an address, with all other like empowered.

SIGNATURE

Davtime Phone #