

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000060968 (9)
 1. Corporation Name
FLORIDA MADIA CON, INC.

Principal Place of Business: **100 NORTH BISCAYNE BLVD. 30TH FLOOR MIAMI FL 33132**
 Mailing Address: **100 NORTH BISCAYNE BLVD. 30TH FLOOR MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/11/1997**

4. FEI Number: Applied For / Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21 100 N BISCAYNE BLVD**
 Suite, Apt. #, etc.: **22 #3000**
 City & State: **23 MIAMI FL**
 Zip: **24 33132** Country: **25 USA**

2a. Mailing Address: **26 100 N BISCAYNE BLVD**
 Suite, Apt. #, etc.: **27 #3000**
 City & State: **28 MIAMI FL**
 Zip: **29 33132** Country: **30 USA**

9. Name and Address of Current Registered Agent
HEYDASCH, AXEL
100 NORTH BISCAYNE BLVD.
30TH FLOOR, NEW WORLD TOWER
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering). DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
 NAME: **DIAMAND, MARCUS T**
 STREET ADDRESS: **100 NORTH BISCAYNE BLVD., SUITE 3000**
 CITY-ST-ZIP: **MIAMI FL 33132**

TITLE: DELETE
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TITLE: DELETE
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 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME: **600002542876**
 5.3 STREET ADDRESS: **-06/01/98--01119--035**
 5.4 CITY-ST-ZIP: *****150.00**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 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 oath; that I am an 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: _____ / **MARCUS DIAMAND** **04/28/98** **(305) 358-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)