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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90236 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000062276			
1. Corporation Name MALDOFONS CORPORATION			
Principal Place of Business 10905 S.W. 88th Street #313 Miami, FL 33176		Mailing Address (same)	
2. Principal Place of Business 21 10905 S.W. 88th St # Suite, Apt. #, etc.		2a. Mailing Address 24 9430 N.W. 24th Crt Suite, Apt. #, etc.	
22 City & State 23 Miami, FL 33165 Zip Country		27 City & State 28 Sunrise, FL Zip Country	
24 33165		29 33322	
9. Name and Address of Current Registered Agent Fonseca, Jose A 10980 Westwood Lake Drive Miami, FL 33165		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President V Maldonado Roldan 10905 S.W. 88th Street # 313 Miami, FL 33165		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP President P Maldonado Roldan 9430 N.W. 24th Crt Sunrise, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President P Fonseca, Jose A. 10980 Westwood Lake Dr. Miami, FL 33165		2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Ronald P. Maldonado 9430 N.W. 24th Crt Sunrise FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED		3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED		4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED		5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED		6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED	

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 by an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roldan Maldonado

04-30-99

Date

954-749-69

Daytime Phone #