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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000079978**

1. Corporation Name
MADAY CORPORATION

Principal Place of Business
 1197 WEST 29TH STREET
 HIALEAH FL 33012

Mailing Address
 1197 WEST 29TH STREET
 HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1998

4. FEI Number

65-0863814

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 the current year Intangible Personal Property Tax.



Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NODARSE, MAKARENA
 1197 WEST 29TH STREET
 HIALEAH FL 33012

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

NAME NODARSE, MAKARENA
 STREET ADDRESS 538 WEST 40TH PLACE
 CITY-ST-ZIP HIALEAH FL 33012

1.1 TITLE Change Addition

TITLE VD DELETE

NAME ALONSO, REYNALDO
 STREET ADDRESS 4561 WEST 9TH COURT
 CITY-ST-ZIP HIALEAH FL 33012

2.1 TITLE Change Addition

TITLE STD DELETE

NAME MARTINEZ, PEDRO C
 STREET ADDRESS 4821 WEST 3RD AVENUE
 CITY-ST-ZIP HIALEAH FL 33012

3.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE VICE PRESIDENT / DIRECTOR Change Addition

4.2 NAME NODARSE, AMADO
 4.3 STREET ADDRESS 3900 N.W. 57 PLACE
 4.4 CITY-ST-ZIP VIRGINIA GARDENS, FL. 33166

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, with all other officers and directors empowered.

SIGNATURE: Makarena Nodarse Makarena Nodarse 3-10-99 305-885-0921
 PD OFFICER Date Daytime Phone #

CR2E034 (11/98)