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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P98000088112
1. Corporation Name	1 00000000112

MAYNADA INDUSTRIES CO.

Principal Place	of Business	Mailing Address			1 10031000 III 10101 10391 0011		
343 ALMERIA AVENUE CORAL GABLES FL 33134		343 ALMERIA AVENUE CORAL GABLES FL 33134					
				ļ.		VRITE IN THIS	SPACE
					 Date Incorporated or Qualif 	ed	
2 Principal Pl	ace of Business	2a. Mailing Address			10/15/1998 4. FEENumber		1 14 .0.46
21	ace of Busiliess	26			4. TE CHROTILES		Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt #, etc		1			\$8.75 Additional
22		27			Certificate of Status Desired	1 []	Fee Required
City & State)	City & State		۱,	6. Etection Campaign Financio	10	\$5.00 May Be
23		28			Trust Fund Contribution	.a [1	Added to Fees
Zip	Country	Zip	Country	· 1	8. This corporation owes the o	urrent year Int	tangible
24	25	[29] 30	۱, اد		Personal Property Tax		[]Yes []No
	9. Name and Address of Currer	nt Registered Agent	B1 Nac		Name and Address of Ner	w Registered	Agent
L AME	RILAWYER		81 Nac	"Spie	gel & Utrera,	P.A.	
	ALMERIA AVENUE		82 Stre	et Address	(P.O. Box Number is Not Acce Almeria Avenu	eptable)	
	AL GABLES FL 33134		83	343	Almeria Avenu	e	
00			63				
		/	84 City	Com	1 0-11	~ 1	85 Zip Code
44 Dumonata	o the provisions of Sections 607.050	A college contrate contrate			l Gables	FL	
office or re	gistered agent, or both, in the State	of Horig Such change was auth	orized by the co	ied corporati prporalism's l	ion submits this statement for t board of directors. Thereby ac-	ne purpose or cept live appoi	crianging its registered introduct as registered
	n familiar Spinegei t the oblig	had accepted in DS07A0505, Florida	a Statutes		(1150	166
SIGNATURE	By:	Tyra Vice Pre	راء بيم فيليانيد الكرد الراسد	are resource Laster	Life Galacies	1/28/	177
12.	OFFICERS AN	of the constant of the constan	sident		ADDITIONS/CHANGES TO	OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	E) DELETE	1.1 TITLE			· I	[] Change [] Add ton
NAME	Sanchez, Elsie		1.2 NAME		വസമനവ		1838
STREET ADDRESS	343 Almeria Ave	enue	13 STREET ADDIGE	ss.			01137003
CITY-ST-ZIP	Coral Gables, 1	FL 33134	14 CITY-51-7F		، جرب.ري بلايفونلا	<i>017 33 - 1</i> 0	****150
TITLE	•	() DELETE	2.1 TITLE		न-क-क-	*120.00	[] Criange To [] Audition
NAME			22 NAME				
STREET ADDRESS			2.3 STREET ADDRE	\$5			
CITY-S1-ZIP			2.4 City-St-ZiF				
MLE		[]] DELETE	3 1 THTLF				[] Change [] Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET ADDRE	SS			
CITY-ST-ZIP		[] DELETE	34 CITY-S1-ZIP	-			C105- C1477
TITLE		() Detere	4 1 TiTLE				[Change
NAME PROCES A DODGOO			4 2 NAME				
STREET ADDRESS			43 STREET ADDRE	20			
CITY-ST-ZIP		[] DELETE	44 City -S1-Zir-	. }			[Change
NAME		E Deterio	5 2 NAME				f to raide € Lucadion
STREET ADDRESS			5.3 STREET ADORE	ss			
CITY-ST-ZIP			5.4 CITY-S1-ZIP				
TITLE		[DELETE	6 1 TITLE				[Change Addition
NAME			6.2 NAME				1158 120
STREET ADDRESS			63 STREET ADORE	ss			(120)
CITY-ST-ZIP			64 CITY-S1-ZIF				41301

14. Thereby 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 trusted 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 orion an attachment with an address. With all other like empowered

SIGNATURE:

GATUREAND TYPED OF PRINTED NAME OF SCHING OFFICER OF DIRECTO

4/28/99

FILED

99 APR 30 PR 4: 01

Distance Phone #

R2E034 (11/98