SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000103538

MIDA INTERNATIONAL GROUP, INC.

Principal Place of Business

Mailing Address

5254 N.W. 117TH AVE

5254 N.W. 117TH AVE

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90012 013 ***150.00



| CORAL SPRING | S FL 33076-3222 | CORAL SPR | CORAL SPRINGS FL 33076-3222 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
|---|--|---------------------|-----------------------------|------------------|-----------------|-------------|--|---|-------------|---------------|-----------------|--|
| | | | | | | | - | 3. Date Incorporated or Qualified | 11110 | | | |
| | | | | | | | Ì | 12/11/1998 | | | Ĭ | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | 4. FEI Number | | $\neg \tau$ | Applied For | |
| | - The same and the | | | | | <u></u> | | 65 7 831118 | | | Not Applicable | |
| Suite, Apt. | # ata | Suite, Apt. #, etc. | | | | | ł | 93 0001118 | | - ¢8 | .75 Additional | |
| 22 Suite, Apr. | #, etc. | 27 | | | | | Ì | 5. Certificate of Status Desired | | | ee Required | |
| City & Stat | e | City & State | | | | | | 6. Election Campaign Financing | _ | \$5 | 5.00 May Be | |
| 23 | | 28 | | | | | | Trust Fund Contribution | | Ac | ded to Fees | |
| Zip | Country | Zip | | - | Country | | | 8. This corporation owes the current y | | n., | г | |
| 24 | 25 | 29 | | 30 | , | | | Intangible Personal Property. | | Yes | No | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name | | | | | | | | | | | | |
| JANI | NED C CADI OC M | | , | | ויס | Nar | ne | | | | | |
| LANDER S., CARLOS M 5254 N.W. 117TH AVE | | | | | 82 Street Addre | | | s (P.O. Box Number is Not Acceptable) | | | | |
| | AL SPRINGS FL 33076-3222 | | | | | | . , | | | | | |
| 0011 | TE OF THINGS I'E GOOFG GEEE | | | | 83 | | | | | | | |
| | | | | | 84 | City | <i>t</i> | | 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 OFFICE | RS AN | D DIRI | ECTORS IN 12 | |
| TITLE | D . | | DELETE | 1.1 TE | TLE | | | | [| T Chr | ange Addition | |
| NAME | LANDER S., CARLOS M | | | 1.2 NA | ME | | | | | _ | • – | |
| STREET ADDRESS | -5254 N.W. 117TH AVE | | | 1 3 ST | REET | ADDRE | ss _ | | | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33076-322 | 2 | - | 1,4 CI | | | | | | | | |
| TITLE | D | | DELETE | 2.1 TI | | | | | | T Chi | ange Addition | |
| NAME | MINAN, FRANCISCO | • | | 2.2 NA | ME | | | | ٠ | | | |
| STREET ADDRESS | 5254 N.W. 117TH AVE | | | | | ADDRE | | | | | | |
| | CORAL SPRINGS FL 33076-322 | na . | | 2.4 CI | | | .50 | | | | | |
| CITY-ST-ZIP TITLE | COPAL SERINGS EL 33076-322 | <u>.z</u> | DELETE | 3.1 TI | | -215 | | | Г | 7 (1) | ange Addition | |
| NAME | | I | DELETE | 3.2 NA | | | | | L | \ | ange [] Addidon | |
| | | | | | | ADDRE | ee l | | | | ł | |
| STREET ADDRESS | | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | DEL | 3.4 CI 4.1 TI | | <u>-∠17</u> | | | Г | 7 ~ | ange Addition | |
| , | | L | DELETE | | | | | | L | Çna | ange Addition | |
| NAME | ,연작 ₄ | | | 4.2 NA | | | _ | | | | | |
| STREET ADDRESS | | | | | | ADDRE | ss | | | | | |
| CITY-ST-ZIP | | | ***** | 4.4 CI | | -ZIP | - | | г | | | |
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| NAME | | | | 5.2 NA | | | | | | | | |
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| CITY-ST-ZIP | | | _ | 5.4 CI | | -ZIP | | | | - | | |
| TITLE | | l | DELETE | 6.1 TI | | | | | L | Cha | ange L Addition | |
| NAME | | | | 6.2 NA | ME | | | | | | | |
| STREET ADDRESS | | | | 6.3 ST | REET. | ADDRE | ss | | | | | |
| CITY-\$T-ZIP | | | | 6.4 CI | | | | | | | | |
| 14. Lhereby.co | ertify that the information supplied with | this filing does r | ot qualify for | the exemp | otion | state | d in section | n 119.07(3)(i), Florida Statutes. I further | certify the | nat 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, and an attachment with an address.

SIGNATURE:

CR2E034 (5/99)

Coral Springs; July 6, 1999.

Florida Department of State. Division of Corporations Annual Reports Fillings. P.O.BOX 1500 Tallahassee, FL. 32302-1500

Dear Sir or Madam:

As per our telephone conversation and following your instructions, please find attached the CORPORATION ANNUAL REPORT along with a check for U.S\$ 150,00 (One Hundred and Fifteen Dollars with no cents).

As I explained to you, the first notification for the renewal was never received in our office, reason why we did not file on time.

Thank you for your consideration and understanding.

Sincerely;

Carlos M. Lander S.

Director