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Feb 03 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 # S79429 (4)  
1. Corporation Name  
A.L. MADRID & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 340 MINORCA AVE CORAL GABLES FL 33134 US		Mailing Address 340 MINORCA AVE CORAL GABLES FL 33134 US	
2. Principal Place of Business 21 165 PONCE DE LEON BLVD. Sulte, Apt. #, etc. 22 City & State 23 CORAL GABLES, FL 24 Zip 33134 25 Country U.S.A.		2a. Mailing Address 26 165 PONCE DE LEON BLVD. Sulte, Apt. #, etc. 27 City & State 28 CORAL GABLES, FL 29 Zip 33134 30 Country U.S.A.	
3. Date Incorporated or Qualified 09/09/1991		4. FEI Number 65-0283214	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent LARES, ALBERTO A. 340 MINORCA AVE #4 CORAL GABLES, FL 33134	
9. Name and Address of New Registered Agent 81 Name ALBERTO A. LARES 82 Street Address (P.O. Box Number is Not Acceptable) 165 PONCE DE LEON BLVD. 83 84 City CORAL GABLES FL 85 Zip Code 33134			

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] 1/28/98  
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	P	1.1 TITLE	P
NAME	LARES, ALBERTO A.	1.2 NAME	ALBERTO A. LARES
STREET ADDRESS	340 MINORCA AVE, # 4	1.3 STREET ADDRESS	165 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 [Signature] 1/28/98 305-442-8985

CR2E034 (10/97)