Mar 03, 1999 8:00 am 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 # V52324

1. Corporation Name

MADDIOTT CIET SHOPS INC

WANNIO						
Principal Place	e of Business	Mailing Address			T I I I I I I I I I I I I I I I I I I I	MI MIMIT BIRIT BINTE NINET MENLE ALDIE JAMI
9090 S. DADELAND BLVD.		9090 S DADELAND BLVD.				
MIAMI FL 33156		MIAMI FL 33156				
US		US		DO NOT WRITE IN	N THIS SPACE	
					3. Date incorporated or Qualifed 07/22/1992	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3143530	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		-	Trust Fund Contribution	Added to Fees
Zíp	Country		Country		8. This corporation owes the current y	/ear Intangible Mayes □No
24	25	29 30		-	Personal Property Tax. 10. Name and Address of New Regis	
	9. Name and Address of Curren	it Registered Agent	81	Name	IV. Name and Address of New Regis	stered Agent
KHIV	/ANI, SUNIL T		"	Name	· ·	
	S. DADELAND BLVD.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	MI FL 33156		02			
IAIIVAN	WITE 33130		83	<u> </u>		}
			84	City		FL 85 Zip Code
				1		
11 Durguant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes, fl	he above	e-named corps	oration submits this statement for the purp	JOSE OF CHARIGING ICS TOGISTOTOG
office or re	egistered agent, or both/in the State	of Florida. Such change was autho	rizea by	the corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	e appointment as registered
office or re	to the provisions of Sections 607.050 egistered agent, or both/in the State m familiar with, and accept the obliga	of Florida. Such change was autho	rizea by	the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	e appointment as registered
office or re agent. I at SIGNATURE	egistered agent, or both/in the State m familiar with, and accept the obliga	of Florida. Such change was authoritions of, Section 607.0505, Florida	rized by Statutes	the corporatio	2/12/94	e appointment as registered
office or re agent. I at SIGNATURE	egistered agent, or both in the State m familial with, and accept the obliga Signature, where printed name of registered agei	of Florida. Such change was autho tions of, Section 607.0505, Florida nt and title if policable. (NOTE: Regi	rized by Statutes	the corporation	2/12/94	DATE
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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 like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

R OR DIRECTOR