


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 OCT 23 AM 9:03

**DOCUMENT # P96000024626 (9)**  
 1. Corporation Name  
**MADAM FONTECHA, CORP.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>7383 S.W. 8TH ST. MIAMI FL 33144</b>	Mailing Address <b>7383 S.W. 8TH ST. MIAMI FL 33144</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/19/1996</b>		3a. Date of Last Report	
2. Principal Place of Business 21 <b>7465 SW 8TH ST</b> Suite, Apt. #, etc.		4. FEI Number <b>05-0673471</b>	
22		Applied For Not Applicable	
23 <b>MIAMI FL</b> City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>93144</b> 25 <b>DADE</b> Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ALVAREZ, ELIA</b> <b>7383 S.W. 8TH ST.</b> <b>MIAMI FL 33144</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>7465 SW 8TH ST.</b>			
83				84 City <b>MIAMI</b> 85 Zip Code <b>FL 33144</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, ELIA</b>	1.2 NAME	
STREET ADDRESS	<b>7383 S.W. 8TH ST.</b>	1.3 STREET ADDRESS	<b>7465 SW 8TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33144</b>
TITLE	<b>SVD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, JOSE L</b>	2.2 NAME	
STREET ADDRESS	<b>7383 S.W. 8TH ST.</b>	2.3 STREET ADDRESS	<b>7465 SW 8TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33144</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>00000232960--1</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>-10/27/97--01008--016</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>***550.00 ***550.00</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (497)