SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

19967-16-96 B-7314 C

DOCUMENT # P94000069178 (9)

1. Corporation Name

MADISSON PRINTING & GRAPHICS COMPANY

Principal Place of Business	Mailing Address
4225 SW 103RD CT MIAMI FL 33165	4225 SW 103RD CT MIAMI FL 33165

2. Principal Place of Business 21 8985 Bird Road	2a. Mailing Address 26 8985 Bird Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33165 / 25 Dade	Zip / Country 29 33165 / 30 Dade

3. Date Incorporated or Qualified: 09/20/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0568992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINEZ, EDDY
4225 SW 103RD CT
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: Marilyn B. Martinez
82 Street Address (P.O. Box Number is Not Acceptable): 8985 Bird Road
83
84 City: Miami FL 85 Zip Code: 33165

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: Marilyn B Martinez 7/12/96
Signature of officer or director of corporation (if applicable) (NOTE: Registered Agent Signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP	☑ DELETE
NAME	MARTINEZ, EDDY	
STREET ADDRESS	4225 SW 103RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVT	☑ DELETE
NAME	MARTINEZ, MARILYN B	
STREET ADDRESS	4225 SW 103RD CT	
CITY-ST-ZIP	MIAMI FL 33165-4914	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PVITIS	☑ Change ☐ Addition
12 NAME	MARTINEZ, MARILYN B	
13 STREET ADDRESS	8985 BIRD Road	
14 CITY-ST-ZIP	MIAMI, FL 33165-5335	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn B Martinez 7/12/96 (305) 226-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)