	·		02 OCT PM :
incipal Place of Business	Mailing Address		SECRETARY OF STATE
9561 FONTAINBLEAU BLVI APT 512	9561 FONTAIN APT 512	BLEAU BL	VD SECRETARY OF STATE TALLAHASSEE, FLORIDA
MIAMI FL 33172		3172	
Principal Place of Susiness 12814 SW * STREET	3. Mailing Address 5361 NW 110	AVE	I TESTISAL ME ISSES MILL SELLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.		2/10/01 DO NOT WRITE IN THIS SPACE 2 - 150.
City & State	City & State		4. FEI Numbers _ 0 0 9 9 9 2 2 Applied For
MTAMT FL	MIAMI F	Country	88.75 Additional
Zio Country 33184 USA	33178	USA	5. Certificate of Status Desired Fee Required
6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
		Name	
GONZALEZ, ILEANA M 9561 FONTAINBLEAU BLVI	D	Street Ad	ddress (P.O. Box Number is Not Acceptable)
APT 512		53	61 NW 110 AVE
MIAMI FL 33172		City M	IAMI FL Zip Code
The adove named entity submits this statement	t for the purpose of changing its	egistered office or	registered agent, or both, in the State of Florida.
20.00	0	0 8 0	- The later late:
IGNATURE Signapor no consider name di registered ag	ent and the if applicable INCTE	Englistered Agent signytt	Ge requireguishin renasaung) DATE
	1 2000 22 - 2 11 21 11		00
This corporation is eligible to satisfy its Intangi Tax filing requirement and elects to do so. (See criteria on back)	After May 1, 200	2 Fee will be \$5	Trust Fund Contribution. Added to Fees
1. OFFICERS AN	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
PD GONZALEZ, TLEAN	☐ Delete	TITLE NAME	X_I Greate ☐ Addition
THEST ADDRESS 9561 FONTAINBLE		*****	5361 NW 110 AVE MIAMI FL 33178
TY-ST-ZIP MIAMI FL 3317	2 □ Delete	TITLE	Change Addition
TLE STD LORDEN, GEMMA	Delete	NAME	5361 NW 110 AVE
9561 FONTAINBLE	AU BLVD APT 51	2 STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33178
TLE MIAMI FL 3317	2 Delete	TITLE	☐ Change ☐ Addition
AME		NAME	200008601122
TREET ADDRESS		STREET ADDRESS City-St-Zip	10/25/0201098026 **150.00
TLE .	☐ Delete	TITLE	☐ Change ☐ Addition
AME Treet address	•	NAME STREET ADDRESS	
ITY-ST-ZIP	•	CITY-ST-ZIP	
TLE .	☐ Delete	TITLE	☐ Change ☐ Addition
AME TREET ADDRESS		NAME STREET ADDRESS	I W.
ITY-ST-ZIP		CITY-ST-ZIP	~ 0
ing	☐ Delete	TITLE	Change Addition
IAME TREET ADDRESS		NAME STREET ADDRESS	
TTY-ST-ZIP		CITY-ST-ZIP	

2002 UNIFORM BUSINESS REPORT (UBR)

CCUMENT # 200000037646

MADELIN UNISEX, INC.

Entity Name

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CR2E024 (9/01)

FROM :

FAX: 3052201440

Oct. 10 2002 02:37AM P1

OCTOBER 8th , 2002

FLOREDA DEPT OF STATE

RE: MADELIN UNISEX, ĮNC. REF # P00000037646

GLENTLEMEN:

ENCLOSE PLEASE FIND \$150.00FOR THE ANNUAL REPORT 2001 AND 2002.

WE NEVER RECEIVED YOUR ANNUAL REPORT TO SECTAND IT WAS THAT CAUSE THAT THOSE TWO YEARS WERE OVERLOOKED.

IT IS OUR POLICY TO PAY OUR BILLS ON TIME, BUT WE DID NOT RECEIVED THE REJECT FORM or any letter of notice.

THANK YOU FOR YOUR ATTENTION.