FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000002879 (3)**

1. Corporation Name

MADISON CONSTRUCTION GROUP, INC.

Principal Place of Business

4080 SW 84TH AVE.
SUITE D
MIAMI FL 33155
US

Mailing Address

4080 SW 84TH AVE.
SUITE D
MIAMI FL 33155
US

3. Date Incorporated or Qualified: **01/13/1993**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **65-0416171** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

FIGUEROA, CARLOS
4080 SW 84TH AVE.,
SUITE D
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FIGUEROA, CARLOS	
STREET ADDRESS	4080 SW 84TH AVE., STE. D	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDS	☐ DELETE
NAME	IGLESIAS, JOSE	
STREET ADDRESS	4080 SW 84TH AVE., STE. D	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	RODRIGUEZ, ABILIO	
STREET ADDRESS	4080 SW 84TH AVE., STE. D	
CITY-ST-ZIP	MIAMI FL	
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

1-TITLE		☐ Change ☐ Addition
1-NAME		
1-STREET ADDRESS		
1-CITY-ST-ZIP		
2-TITLE		☐ Change ☐ Addition
2-NAME		
2-STREET ADDRESS		
2-CITY-ST-ZIP		
3-TITLE		☐ Change ☐ Addition
3-NAME		
3-STREET ADDRESS		
3-CITY-ST-ZIP		
4-TITLE		☐ Change ☐ Addition
4-NAME		
4-STREET ADDRESS		
4-CITY-ST-ZIP		
5-TITLE		☐ Change ☐ Addition
5-NAME		
5-STREET ADDRESS		
5-CITY-ST-ZIP		
6-TITLE		☐ Change ☐ Addition
6-NAME		
6-STREET ADDRESS		
6-CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and accurate. I do 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 requirements to report information required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, 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. 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.

SIGNATURE: Jose Iglesias 4-04-96 (305)220-8997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #