

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000088645 (5)
 1. Corporation Name
MADDEN CORPORATION



Principal Place of Business 5200 LA GOVCE DRIVE MIAMI BEACH FL 33139	Mailing Address 5200 LA GOVCE DRIVE MIAMI BEACH FL 33140-2106
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3. Date Incorporated or Qualified 01/01/1994	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 1717 No Bayshore Dr. Suite, Apt. #, etc. 22 1944 City & State 23 Miami FL Zip 24 33132	2a. Mailing Address 26 1717 No Bayshore Dr Suite, Apt. #, etc. 27 1944 City & State 28 Miami Zip 29 FL	Country 25 Dade	Country 30 Dade
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4. FEI Number 65-0457477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MADDEN, PAUL M
5200 LA GOVCE DRIVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
 81 Name **Paul M Madden**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **1717 No Bayshore Dr #1944**
 84 City **Miami** **FL** 85 Zip Code **33132**

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 *Paul M Madden* **4/20/97**
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	MADDEN, PAUL M
STREET ADDRESS	5200 LA GOVCE DRIVE
CITY-ST-ZIP	MIAMI BEACH FL 33139 #1944
TITLE	<input type="checkbox"/> DELETE
NAME	Miami FL
STREET ADDRESS	33132
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *Paul M Madden* **4/20/97**

CR2E034 (9/96)