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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000053899

1. Corporation Name

MADISON HOUSE INC

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90051 042 ***150.00

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Principal Place of Business			Ma	Mailing Address								1000 1001 1001	
20801 BISCAYNE BLVD SUITE 448 AVENTURA FL 33180				20801 BISCAYNE BLVD SUITE 448 AVENTURA FL 33180					DO NO	WRITE IN THI	IS SPACE		
									 Date Incorporated or Qu 07/21/1994 				
2. Principal Place of Business				⊢ •				1	4. FEI Number	-,-	<u> </u>	plied For	
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				_	65-0506179			ot Applicable Additional		
22			27	27					5. Certifcate of Status Desi		<u></u>	equired	
City & State		28	City & State				6. Election Campaign Final	ncing		May Be	۔ عد		
Zip	,	Country	28	Zip Cour				8. This corporation owes the current year					
24	2	_ ′	29		30	<u> </u>			Personal Property Tax.		☐ Yes	D No	
	9. Name a	nd Address of Cur	rent Regist	tered Agent			·		10. Name and Address of	New Registere	d Agent		
HAGI	EN MAY M	EGU				81	Name						
HAGEN, MAX M ESO 16663 NE 19TH AVE						Street	Address	dress (P.O. Box Number is Not Acceptable)					
NOR	th Miami B	EACH FL 33162				83							
						84	City			F	85 Zip	Code	
						1			et a series de la compansión de la compa		af abannina ita	registered	
office or re agent. I as SIGNATURE	egistered agei m familiar with	n, and accept the ob	ate of Florid ligations of,	la. Such change v Section 607.050	was autho 15, Florida	Statutes	the corp	oration s	Board of directors, I hereby	ассері іне арр	or changing its pointment as re	gistered	-
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14. 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 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, with all other like empowered.

SIGNATURE: