FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:29

DOCUMENT # **P94000063934 (1)**

1. Corporation Name
MACD, INC.

Principal Place of Business	Mailing Address
700 N.E. 90TH ST. MIAMI FL 33138	700 N.E. 90TH ST. MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report:

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

2a. Mailing Address (26) — Suite, Apt. # etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 65-0518444 — 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. Has corporation had liability for intangible tax under S. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

KOPPEN, R. DANIEL ESQ.
700 N.E. 90TH ST.
MIAMI FL 33138

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	D	V, S	[ ] Change [X] Addition
NAME	KOPPEN, R. DANIEL		
STREET ADDRESS	700 N.E. 90TH ST.		
CITY ST ZIP	MIAMI FL 33138		
TITLE	D	P, T	[ ] Change [X] Addition
NAME	CARLTON, PHILIP III		
STREET ADDRESS	700 N.E. 90TH ST.		
CITY ST ZIP	MIAMI FL 33138		
TITLE			[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			

14. I/We hereby certify that the information supplied with this filing is absolutely true and correct, and that, to the extent applicable, the requirements of Section 607.1501, Florida Statutes, have been satisfied. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that the signature below constitutes my signature as 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 added above or on an attachment with an address.

SIGNATURE: R. Daniel Koppen Sec. R. DANIEL KOPPEN 1-13-95 905-754-5442
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0146204 CP