## FILE NO FILING FEE AFTER MAY 1 IS \$225.00 PROF FLORIDA DEPARTMENT OF STATE CORPORA Sandra B. Matham ANNUAL R Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000008020 (6) MADEL, INC. Principal Place of Business Mailing Address 14821 S.W. 87 AVENUE 14821 S.W. 87 AVENUE MIAM! FL 33176 MIAMI FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 190,032. 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Marcie Aronow Mesa TELLER, STUART A 82 Street A P.O. Box Number is Not Acceptable) るいるアチャセ 1011 S. FEDERAL HWY 83 HOLLYWOOD FL 33020 84 City 710 Code 33176 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE antered April standard CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. DELETE TITLE 5TPD 1.1 1006 Add-tion ☐ Change NAME ARONOW-MESA, MARCIE 1.2 NAME STREET ADDRESS 14821 S.W. 87TH AVE. 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 1.4 CHTY - ST - ZIP TITLE DELETE Addition 2 1 TITLE Change NAME ARONOW, ADELE 2.2 NAME STREET ADDRESS 6604 D S.W. 114TH PLACE 2.3 STHEET ADDRESS CITY - ST - ZIP MIAMI FL 33135 2.4 CITY - ST - 7IP TT DELETE 3 1 TITLE Change Addit an NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 C(TY+ST\_Z)P TITLE DELETE 4 1 THILE Change Addition

6.4 CITY - \$T - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). 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 en-powered 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

4.2 NAME

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SIGNATURE:

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12.

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY - ST - 212

CITY-ST-213

PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

423,96 305252-9775

Change

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Addition

☐ Add

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