FROM : MADRIGAL CO FAX NO. : Dec. 24 2003 02:17PM P1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 24 AM 8:00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044697

1. Entity Name
MADRIGAL SHOES CO.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-03

12/11/03 01048 008 *450.00
MRD

2. Principal Place of Business	3. Mailing Address
777 N.W. 72 AVENUE	777 N.W. 72 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33126 Country: DADE	Zip: 33126 Country: DADE

4. FEI Number 65-0689581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name GUSTAVO MADRIGAL
Street Address (P.O. Box Number is Not Acceptable)
777 N.W. 72 AVENUE
City MIAMI FL Zip Code 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	GUSTAVO MADRIGAL	NAME	
STREET ADDRESS	777 N.W. 72 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33126	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	MARIA MADRIGAL	NAME	
STREET ADDRESS	777 N.W. 72 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO MADRIGAL 12/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #