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FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000049735 (9)

1. Corporation Name  
MADAM HOLDING, INC.

Principal Place of Business

830 GREGG AVE., STE. 104  
CORAL GABLES FL 33146

Mailing Address

830 GREGG AVE., STE. 104  
CORAL GABLES FL 33146-1800



2. Principal Place of Business 21 200 S. Biscayne Blvd. Suite, Apt. #, etc. 22 Suite 4815 City & State 23 Miami, Fl 33131 Zip Country 24 25		2a. Mailing Address 26 200 S. Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 4815 City & State 28 Miami, Fl 33131 Zip Country 29 30		3. Date Incorporated or Qualified 06/11/1996	3a. Date of Last Report
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ZERBONE, ALESSANDRO  
830 GREGG AVE., STE. 104  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name  
PIERO SALUSSOLIA  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 200 S. Biscayne Blvd. Suite 4815  
84 City  
Miami FL 85 Zip Code  
33131

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 **PIERO SALUSSOLIA** 4/14/97  
Signature, to be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P/T
NAME	MOLE, ALDO D-	1.2 NAME	DE MARINI, GIACOMO
STREET ADDRESS	1420 S. BAYSHORE DR., STE. 402-E	1.3 STREET ADDRESS	Via XX Settembre
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	33/2
TITLE	D	2.1 TITLE	S
NAME	FLAMBERTI, EUGENIO	2.2 NAME	ZERBONE, ALESSANDRO
STREET ADDRESS	1420 S. BAYSHORE DR., STE. 402-E	2.3 STREET ADDRESS	330 Greco Ave., Ste. 104
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Coral Gables, Fl 33146
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **ALESSANDRO ZERBONE**

(305) 464-3361

CR2E034 (9/96)