FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



I'L ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000065316 (6) DOCUMENT #
1. Corporation Name

MACFADDEN FINE ART & FRAMING, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				r consists are rate easts about about beind beind bride birde bieft beit ibet.
	TH STREET. SUITE 203	7175 S.W. 47TH STREET, SUITE 203				
MIAMI FL 33155		MIAMI FL 33155				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						07/28/1997
2. Principal Place of Business 2a. Mailing Address						4 FEI Number Applied For
21		26				65-0769130 Not Applicable
Suite, Apt	W, etc.	Suite, Apt. #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaigri Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zιρ	Country			8. This corporation owes or has paid the current year Intangible
24 25		[29]	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	it Registered Agent		1	Name	10. Name and Address of New Registered Agent
MACFADDEN, PAMELA A				or ivalle		
	5 8. W. 47TH STREET, SUITE 20	J3	8	2	Street Add	ress (P.O. Box Number is Not Acceptable)
MIA	MI FL 33155		-	3		
			٥	3		
			8	4	City	85 Zip Code
## Durayant b	a the provisions of Continue CO7 DEO	O and COZ 1580 Florido Ctalut				FL Statement FL S
office or re	egistered agent, or both, in the State	of Florida, Such change was a	authorized	by th	named corp he corpora	ition's board of directors. I hereby accept the appointment as registered
ag ent. Lar	n familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statut	es.		
SIGNATURE .	Signature: typed or printed hame of registered age	ed and the during date. (NO)	F: Bogistored A	\ nont	signat ro requi	ved when reinslating) DATE
12.	the state of the s		13.		signacare requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	 E		Change Addition
NAME MADFADDEN, PAMELA A			1.2 NAME		i	•
STREET ADDRESS 7175 S.W. 47TH STREET, SUIT		ITE 203	1.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY			
TITLE				2.1 TITLE		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		- ZIP	
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STRE	ET AD	ODRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ZIP	
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	1 E		
STREET ADDRESS			4.3 STRE	ET AD	ODRESS	
CITY-ST-ZIP			4.4 CITY	-51-2	ZIP	
TITLE		☐ DELETË				Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	E1 AD	ODRESS	
CITY-ST-ZIP			5.4 CITY	- ST - Z	ZIP	
TITLE	DELETE 6.1		6.1 TITLE	6.1 TITLE		Change Addition
NAME			6.2 NAMI	E	-	
STREET ADDRESS			6.3 STRE	CA T3	DDRES\$	
CITY-ST-ZIP			6.4 CITY			
14. I hereby co	ertify that the information supplied won this annual report or suppliements	ith this filing closs not qualify for a supply and according to the supply of the supp	or the exem turate and t	iptio that	on stated in my signatu	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an
officer or o	fir ecto r of the corporation or the rate	siver or trustee empowered to a	execute thi	s rep	port as reo	uired by Chapter 607. Florida Statutes; and that my name appears in
DIOCK 12 C	r Block 13 if changed, or on an abri	zamieni wiai ku adoress []	A			