

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V39830 (7)**  
1. Corporation Name  
**MADI 3 STARS INVESTMENT, INC.**



Principal Place of Business: 2500 LOXAHATCHEE ROAD WEST PALM BEACH FL 33409  
Mailing Address: 2500 LOXAHATCHEE ROAD WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: 05/20/1992  
3a. Date of Last Report: 08/09/1995

2. Principal Place of Business: 21 2500 WESTGATE AVE. Suite, Apt. #, etc. 22  
2a. Mailing Address: 26 2500 WESTGATE AVE. Suite, Apt. #, etc. 27  
City & State: 23 WEST PALM BEACH, FL. 28 WEST PALM BEACH, FL.  
Zip: 24 33409 25 PALM BEACH 29 33409 30 PALM BEACH

4. FEI Number: 65-0335604 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. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes [X] No [ ]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEHADEH, IYAD  
2500 LOXAHATCHEE ROAD  
WEST PALM BEACH FL 33409

81 Name: IYAD SHEHADEH  
82 Street Address (P.O. Box Number is Not Acceptable): 2500 WESTGATE ROAD  
83  
84 City: WEST PALM BEACH FL 85 Zip Code: 33409

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: [Signature] Signature, typed or 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	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	MADI, AHMED	1.2 NAME	
STREET ADDRESS	2500 LOXAHATCHEE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	[ ] Change [ ] Addition
NAME	SHEHADEH, EMAD	2.2 NAME	
STREET ADDRESS	2500 LOXAHATCHEE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	[ ] Change [ ] Addition
NAME	SHEHADEH, IYAD	3.2 NAME	
STREET ADDRESS	2500 LOXAHATCHEE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
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 is voluntarily furnished and does not qualify 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, 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96  
407-640-4319  
Daytime Phone #

CR2E034 (12/95)