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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

370486

(3)

. Corporation I		6 (3	7)							
MARSIL	.IO'S, INC.									
rincipal Place o	of Business	Mailing Address							NEWAL WANTE WINST	
14300 W DIXIE HIGHWAY N MIAMI FL 33161  14300 W DIXIE HIGHWAY N MIAMI FL 33161										
							3. Date Incorporated or Qualified 09/29/1970		ite of Last Re <b>05/01/19</b>	
2. Principal Plac	ce of Business	2a. Mailing Addres	SS				4. FEI Number		L-4-	Applied For
		26					59-1312817			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, (	etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State		-			Election Campaign Financing     Trust Fund Contribution			May Be
]		28			ountry		8. This corporation has liability for	intangible		
_ <b>Z</b> ip ¬	Country	Zip	1	30	OU IU y		Florida Statutes Yes	s 🔲 No		
4	25] 9. Name and Address of Curre	29 29 Agent		30	Т		10. Name and Address of New	Registere	d Agent	
	9. Name and Address of Care				81	Name				
FRFW. (	CHRISTINE				82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
	V DIXIE HWY				83					
NORTH	MIAMI FL 33161			٠	83					
					84	City		F	85 Z	p Code
<ol> <li>Pursuant to or registere familiar with</li> </ol>	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	02 and 607.1508, Florida rida. Such change was a ction 607.0505, Florida S	Statutes authorized statutes.	, the a	bove-na e corpo	amed corpor ration's boa	ration submits this statement for the pr ard of directors. I hereby accept the ap	urpose of o pointment	changing its as registered	registered office Lagent. Lam
SIGNATURE	Signature, typed or printeo name of registered ayer				red Agent		ration submits this statement for the pi ard of directors. I hereby accept the ap ad when renstaling)  ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	ORS IN 12
SIGNATURE _	Signature, typed or printeo name of registered ayer	ont and title if applicable	(NOTE	Rogiste	red Agent		ed when reinstalling)	DATE	·	
SIGNATURE _	Signature, typed or printed name of registered age OFFICERS A! STD FREW, CHRISTINE	ont and title if applicable  ND DIRECTORS  DELE	(NOTE	1: Rogiste 1: 1:	3. 1 TITLE 2 NAME	signature require	ed when reinstalling)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE _ 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT STD FREW, CHRISTINE 315 S. CRESCENT DRIVE,	ont and title if applicable  ND DIRECTORS  DELE	(NOTE	1: 1. 1.	3. 1 TITLE 2 NAME 3 STREET A	signature require	ed when reinstalling)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE _  12.  THE  NAME  STHEET ADDRESS  CHY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS A! STD FREW, CHRISTINE 315 S. CRESCENT DRIVE, HOLLYWOOD FL	ont and title if applicable  ND DIRECTORS  DELE	(NOTE	1: Bogiste 1: 1. 1. 1. 1.	3. 1 TITLE 2 NAME 3 STREET A	signature require	ed when reinstalling)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AT STD FREW, CHRISTINE 315 S. CRESCENT DRIVE, HOLLYWOOD FL P	ont and title if applicable  ND DIRECTORS  DELE	(NOTE	1: 1. 1. 1. 1. 2.	3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST	signature require	ed when reinstalling)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE _ 112.  TITLE NAME STREET ADDRESS CITY_ST_ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS A! STD FREW, CHRISTINE 315 S. CRESCENT DRIVE, HOLLYWOOD FL P FULGINITI, JAMES	ont and title if applicable  ND DIRECTORS  DELE	(NOTE	1: 1. 1. 1. 1. 2. 2.	3. 1 TITLE 2 NAME 3 STREET A	signature require	ed when reinstalling)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE _ 1111.E NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS A! STD FREW, CHRISTINE 315 S. CRESCENT DRIVE, HOLLYWOOD FL P FULGINITI, JAMES 5341 HAWKS BLUFF AVE	ont and title if applicable  ND DIRECTORS  DELE	(NOTE	1: 1. 1. 1. 1. 2. 2. 2.	3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME	address  Address  Address	ed when reinstalling)	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE _ 12.  TITLE  NAME  STHEET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS A! STD FREW, CHRISTINE 315 S. CRESCENT DRIVE, HOLLYWOOD FL P FULGINITI, JAMES	ont and title if applicable  ND DIRECTORS  DELE	(NOTE	1: 1. 1. 1. 1. 2. 2. 2. 2. 2.	3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A	address  Address  Address	ed when reinstalling)	DATE	ND DIRECTO	ORS IN 12
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n this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name aged, or on an attachment with an address. certify that the information indica oath; that I am an officer or direct appears in Block 12 or Block 13

SIGNATURE:

IGNING OFFICER OR DIRECTOR