

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000037148
1. Corporation Name

de la O & Marko, P.A.

Principal Place of Business
2 So Biscayne Blvd
Suite 2600
Miami, FL 33131-1802

Mailing Address
2 So Biscayne Blvd
Suite 2600
Miami, FL 33131-1802

3. Date Incorporated or Qualified 05/17/94	3a. Date of Last Report 07/27/95
4. FEI Number 65-0492134	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 ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

David E. Marko
2 So Biscayne Blvd
Suite 2600
Miami, FL 33131-1802

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

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, typed or printed name of registered agent and his state address

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	1.1 TITLE	☐ Change ☐ Addition
NAME	2. NAME	2.1 NAME	☐ Change ☐ Addition
STREET ADDRESS	3. STREET ADDRESS	3.1 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	4. CITY-STATE-ZIP	4.1 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	5. TITLE	5.1 TITLE	☐ Change ☐ Addition
NAME	6. NAME	6.1 NAME	☐ Change ☐ Addition
STREET ADDRESS	7. STREET ADDRESS	7.1 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	8. CITY-STATE-ZIP	8.1 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	9. TITLE	9.1 TITLE	☐ Change ☐ Addition
NAME	10. NAME	10.1 NAME	☐ Change ☐ Addition
STREET ADDRESS	11. STREET ADDRESS	11.1 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	12. CITY-STATE-ZIP	12.1 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	13. TITLE	13.1 TITLE	☐ Change ☐ Addition
NAME	14. NAME	14.1 NAME	☐ Change ☐ Addition
STREET ADDRESS	15. STREET ADDRESS	15.1 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	16. CITY-STATE-ZIP	16.1 CITY-STATE-ZIP	☐ Change ☐ Addition

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 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:

David E. Marko

4/26/96 305-358-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)