

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

150.00

0169908

**PROFIT CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010642

1. Corporation Name
MARLIN SUB, INC.

Principal Place of Business

% **NICOLAS J. GUTIERREZ, ESQ.**
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

Mailing Address

% **NICOLAS J. GUTIERREZ, ESQ.**
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

GUTIERREZ, JR, NICOLAS J ESQ
1101 BRICKELL AVE
STE 1400
MIAMI FL 33131

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City

FL 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. The duly accepted 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 then if applicable

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE **DPST**
NAME **GUTIERREZ, JR, NICOLAS J ESQ**
STREET ADDRESS **1101 BRICKELL AVE STE 1400**
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE **DP**
NAME **BEGUIRISTAIN, ALBERTO J DR.**
STREET ADDRESS **1101 BRICKELL AVE STE 1400**
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicolas J. Gutierrez, Jr., Esq., Sec. 4/19/99 (605) 373-0330

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY -3 AM 10: 12



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1996

4. FEE Number

APPLIED FOR

☒ 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 owes the current year Intangible
Personal Property Tax

☐ Yes ☒ No

10. Name and Address of New Registered Agent

CR2E034 (1/1/98)