

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 # **S86474 (1)**
1. Corporation Name
C.F. MARCO PROPERTIES, INC.



Principal Place of Business: **599 LEXINGTON AVE, 26TH FLR, NY NY 10043, US**
Mailing Address: **801 NORTHEAST 167TH STREET, SUITE 300, NORTH MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified: **10/10/1991**
3a. Date of Last Report: **07/10/1995**
4. FEI Number: **13-3644138**
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. 193.032 Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES INC
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HOYES, LOU	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	BARR-TITLEY, JOANN	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	AMKRAUT, JEFFERY	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	CALIA, VITO	
STREET ADDRESS	850 THIRD AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Faingold, David J.	
13. STREET ADDRESS	720 S. Figueroa	
14. CITY - ST - ZIP	Los Angeles, CA 90017	
21. TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Noc Kols, William	
23. STREET ADDRESS	599 Lexington Avenue	
24. CITY - ST - ZIP	New York, NY 10043	
31. TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Sullivan, Nelda	
33. STREET ADDRESS	2001 Ross Avenue	
34. CITY - ST - ZIP	Dallas, TX 75201	
41. TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Grandi, Teresa	
43. STREET ADDRESS	850 Third Avenue	
44. CITY - ST - ZIP	New York, NY 10043	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

600001893588
-07/16/96--01002--008
*****225.00**

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 Faingold* DP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/96