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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

MARLEMO CONSTRUCTION CORP.

| •     | • | ••• | •   |  | • |
|-------|---|-----|-----|--|---|
| :TIOI | N | COF | ìΡ. |  |   |

**FILED** Apr 24 1998 8:00am Secretary of State



|   | 4.2   |                                    |  |  |  |                               |
|---|---|------------------------------------|--|--|--|-------------------------------|
| Principal Plac  |   | Mailing Address                    | 1 100111 01010 11011 01011 01011 10011 0111 0111 | (414 2424) A1011 A1014 BIAIL 1981                      |  |                               |
| 3789 SW 135TH AVE 3789 SW 135TH AVE MIAMI FL 33175 MIAMI FL 33175 |   |                                    |  |  |  |                               |
| 1   |   |                                    |  |  | DO NOT WRITE IN THI  | S SPACE                       |
|   |   |                                    |  |  | 3. Date Incorporated or Qualified  |                               |
| 2. Principal P  | Place of Business                                 | 2a. Mailing Address                |  |  | 04/27/1973<br>4. FEI Number  | A . e .i.e                    |
| 21  |   | 26                                 |  |  | 59-1461805   | Applied For<br>Not Applicable |
|   | 21   26     28                                    |                                    |  |  |  | \$8.75 Additional             |
| 22  |   | 27                                 |  | 5. Certificate of Status Desired                       | Fee Required   |                               |
| City & State  |   | City & State                       |  | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees   |                               |
| Zip   | Country   | Zip                                | Country  | /  | 8. This corporation owes or has paid the o   |                               |
| 24  | 25  | 29 30                              |  | Personal Property Tax due June 30.  Yes No             |  |                               |
|   | 9, Name and Address of Curre                      | ent Registered Agent               |  |  | 10. Name and Address of New Registers  | d Agent                       |
| M   | Orejon, Santiago                                  |                                    | 81   | Name   |  |                               |
| 3789 SW 135 AVE   |   |                                    | 82   | Street A   | ddress (P.O. Box Number is Not Acceptable)   |                               |
| MIAMI FL 33175  |   | 83                                 |  |  |  |                               |
|   |   |                                    | 84   | City   | F  | 85 Zip Code                   |
| 11. Pursuant  | to the provisions of Sections 607.05              | 02 and 607,1508, Florida Statutes  | s, the above                                     | e-named c  |  |                               |
| office or r   | egistered agent, or both, in the State            | e of Florida. Such change was au   | thorized by                                      | the corpo  | corporation submits this statement for the purpose oration's board of directors. I hereby accept the a | ppointment as registered      |
|   | in ranimar with, and accept the conf              | gations of, Section 607,0303, Fion | ida Sialule:                                     | <b>S</b> .   |  |                               |
| SIGNATURE   | Signature, typed or printed name of registered as | pent and title if applicable (NOTE | Registered Age                                   | ent signature re                                       | equired when reinstating) DATE   |                               |
| 12.   | OFFICERS AN                                       | ND DIRECTORS                       | 13.  |  | ADDITIONS/CHANGES TO OFFICERS AT   | ND DIRECTORS IN 12            |
| TITLE   | PD  | ☐ DELETE                           | 1.1 TITLE  |  |  | Change Addition               |
| NAME MOREJON, SANTIAGO  |   |                                    | 1.2 NAME   |  |  |                               |
| STREET ADDRESS 3789 SW 135TH AVE                                  |   | 1.3 STREET ADDRESS                 |  |  |  |                               |
| CITY - ST - ZIP   | MIAMI FL  |                                    | 1.4 CITY - 5                                     | T-ZIP  |  |                               |
| TITLE   | SD  | ☐ DELETE                           | 2.1 TITLE  |  |  | Change Addition               |
| HAME LEAL, JUAN R.  |   | 2.2 NAME                           |  |  |  |                               |
| STREET ADDRESS 3768 SW 135TH AVE                                  |   | 2.3 STREET ADDRESS                 |  | ADDRESS  |  |                               |
| CITY-ST-ZIP MIAMI FL  |   | 2. 4 CI                            |  | ST-ZIP   |  |                               |
| TITLE   | VPD   | ☐ DELETE                           | 3.1 TITLE  |  |  | Change Addition               |
| NAME BRIGNONI, MARIO  |   |                                    | 3.2 NAME   |  |  |                               |
| STREET ADORESS 13290 SW 38TH ST                                   |   | 3.3 STREET ADDRESS                 |  |  |  |                               |
| CITY-ST-ZIP   | MIAMI FL  |                                    | 3.4. CITY-5                                      | ST-ZIP   |  |                               |
| TITLE   |   | ☐ DELETE                           | 4.1 TITLE  |  |  | ☐ Change ☐ Addition           |
| NAME  |   |                                    | 4. 2 NAME  |  |  |                               |
| STREET ADDRESS  |   |                                    | 4.3 STREET                                       | ADDRESS  |  | ı                             |
| CITY-ST-ZIP   |   |                                    | 4.4 CITY-S                                       | T-ZIP  |  |                               |
| TATLE   |   | ☐ DELETE                           | 5.1 TITLE  |  |  | Change Addition               |
| NAME  |   |                                    | 5.2 NAME   | 1  |  |                               |
| STREET ADDRESS  |   |                                    | 5.3 STREET                                       | ADDRESS  |  |                               |
| CITY-ST-ZIP   |   |                                    | 5.4 CITY-S                                       | T-ZIP  | ****   |                               |
| TITLE   |   | ☐ DELETE                           | 6.1 TITLE  |  |  | Change Addition               |
| NAME  |   |                                    | 6.2 NAME   |  |  |                               |
| STREET ADORESS  |   |                                    | 6.3 STREET                                       | ADDRESS  |  | •                             |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 op an attachment with an address.

SIGNATURE:

4-08-98 (305)593-8401