

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **463849** (0)

1. Corporation Name
MARY ENTERPRISES, INC.



Principal Place of Business: **8390 W FLAGLER ST. STE 208 MIAMI FL 33144**
Mailing Address: **8230 SW 62ND CT MIAMI FL 33143 US**

3. Date Incorporated or Qualified: **10/18/1974**
3a. Date of Last Report: **05/01/1995**
4. FET Number: **59-1565237**
5. Certificate of Status Desired: **NO** **\$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
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
**VELIKOPOLJSKI, KATERINE
8230 SW 62ND CT
MIAMI FL 33143**
81 Name
82 Street Address (P.O. Box Number is 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. 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 (if the filer is a corporation) _____
Signature (typed or printed) name of registered agent (if the filer is an individual) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINASCO, GINO M.	2. NAME	
STREET ADDRESS	8390 W. FLAGLER ST. #208	3. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	4. CITY- ST- ZIP	
TITLE	PSD <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELIKOPOLJSKI, IGOR	22. NAME	
STREET ADDRESS	8390 W. FLAGLER ST. #208	23. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	24. CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELIKOPOLJSKI, KATERINE	32. NAME	
STREET ADDRESS	8230 SW 62ND CT	33. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	34. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

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, changed, or on an attachment, with an address.

SIGNATURE: *Kat Velikopoljski* **4/20/96** **(305) 662-4123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)