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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 490844

MARCELIN & SON INC.

Principal Place of Business Mailing Address								61611 61911 1661
2781 N. W. 104 COURT 2781 N. W. 104 COURT								
MIAMI FL 33172 MIAMI FL 33172								
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	.4	
						02/12/1976	· 	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21 26						59-1649402	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22 27						5. Controlled of Callets Desired	Fee R	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution	Added	to Fees
Zip	Country	Country Zip Cou		ntry		8. This corporation owes the current year Intangible		
24	25 29 30		30				□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
	· 1000 1000 1000 1000 1000 1000 1000 10			81	Name			Į.
	RQUEZ, JOSE M.,				04	(D.O. Dawkinski and Assessable)		
780 NE LEJEUNE ROAD #400				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		1
MIAI	MI FL 33126			83		Tall black field in marking	7 30 13 25	TRUSTAL BY
								福利益
				84	City		85 Zip	Code 1
commended to the	2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1007.1500.51.11.01.11		Ш			•	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	z and 607.1508, Florida Statute of Florida. Such change was au	es, tne at uthorized	bove- I bv tl	-nameo com he comoratio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	cnanging its intment as ri	s registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statu	utes.		,		Ĭ
SIGNATURE								
01010110112	Signature, typed or printed name of registered agent		Registered	Agent	signature require	d when reinstating) DATE		*.
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	S	☐ DELETE	1.1 TIT	ΓLE		12 16 16 14 16 16 16 16 16 16 16 16 16 16 16 16 16	☐ Change	☐ Addition
NAME	MARQUEZ, JOSE M.		1.2 NA	ME				
STREET ADDRESS	782 NW LEJEUNE RD, #548		1.3 ST	REET /	ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33126		1.4 CD	ry-st-	ZIP			
TITLE	PTD DELETE 2.1TI		ΠE			☐ Change	☐ Addition	
NAME	MARCELIN, LUIS JR.		2.2 NA	MF				
STREET ADDRESS					ADDRESS .			
•	1				.			
CITY-ST-ZIP	MIAMI FL 3	☐ DELETE	2, 4 Cf	TY-ST	-ZIP	Vine Mark 17	Change	Addition
TITLE	V 57- 4 4 4 4 1		3.1 111	LE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	They be the state of the							I
STREET ADDRESS			3.2 NA					
CITY-ST-ZIP					ADDRESS	To State Of Action Water acts	n natata.	(2°4" (#)
	NEW PART AND A CAR		3.3 ST			(2) (1) (1) (1) (1) (1)		
TITLE	Marchana Canada	☐ DELETE	3.3 ST	REET #			☐ Change	Addition
	53 (35 /V)	☐ DELETE	3.3 ST 3.4, CI	REET A TY-ST-				Addition
NAME STREET ADDRESS	# 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3	☐ DELETE	3.3 STI 3.4, CI 4.1 TIT 4. 2 N/	REET A TY-ST- TLE AME				Addition
NAME STREET ADDRESS	# 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3	DELETE	3.3 STI 3.4. CI 4.1 TIT 4. 2 N/ 4.3 STI	REET A TY-ST- TLE AME REET A	-ZIP ADORESS			Addition
NAME STREET ADDRESS CITY-ST-ZIP	# 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3	☐ DELETE	3.3 STI 3.4. CI 4.1 TIT 4. 2 N/ 4.3 STI	REET # TY-ST- TLE AME REET # TY-ST-	-ZIP ADORESS			Addition
NAME 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3		3.3 STI 3.4. CI 4.1 TXI 4. 2 NA 4.3 STI 4.4 CII	REET # TY-ST- TLE AME REET # TY-ST- TLE	-ZIP ADORESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	# 3 C 25 W T		3.3 STI 3.4. CI 4.1 TIT 4. 2 N/ 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	TY-ST- TLE AME REET A TY-ST- TLE	- ZIP ADORESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	# 3 C 25 W T		3.3 STI 3.4. CI 4.1 TIT 4. 2 N/ 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	REET A TY-ST- TLE TY-ST- TLE TME TREET A TREET A TREET A	ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 S	DELETE	3.3 STI 3.4. CI 4.1 TII 4.2 NV 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI 5.4 CII	REET A TY-ST- TLE REET A TY-ST- TLE ME REET A TY-ST- TLE TY-ST-	ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	# 3 C 25 W T		3.3 STI 3.4. CI 4.1 TIT 4. 2 N/ 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	REET A TY-ST- TLE AME TY-ST- TLE ME REET A TY-ST- TLE TY-ST- TLE	ADDRESS		☐ Change	Addition

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 upplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed, or

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90031 004 ***150.00