

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

1245.00

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97 APR -4 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name  
MAROOBUSA CORPORATION

DOCUMENT #  
F62293 (8)

Mailing Address  
% CLIFFORD M. KOLBER  
700 NW LEJEUNE RD. #210  
MIAMI FL 33173

Principal Place of Business  
% CLIFFORD M. KOLBER  
700 NW LEJEUNE RD. #210  
MIAMI FL 33173

REINSTATEMENT 04-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address  
21 Suite, Apt. #, etc.  
22 700 SW 97 Ave #210  
23 City & State  
MIAMI FLA  
24 Zip  
33173  
25 Country

2a. Principal Place of Business  
26 Suite, Apt. #, etc.  
27 700 SW 97 Ave #210  
28 City & State  
MIAMI, FLA  
29 Zip  
33173  
30 Country

3. Date Incorporated or Qualified  
02/12/1982

3a. Date of Last Report  
04/22/1993

4. FEI Number  
59-2266261

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐

7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
KOLBER, CLIFFORD M  
400 NW 37 AVE  
MIAMI FL

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
700 SW 97 Avenue  
83 Suite 210  
84 City  
MIAMI  
85 Zip Code  
FL 33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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, and I am familiar with and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

Signature: *Clifford M. Kolber* DATE: 3/6/97

12. OFFICERS AND DIRECTORS

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clifford M. Kolber* DATE: 3/6/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR