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 # F71909 (8)

1. Corporation Name

MARIN & ASSOCIATES, INC.

Principal Place of Business

~~141 N.W. 20TH STREET. SUITE F1~~
~~BOCA RATON FL 33431~~

Mailing Address

~~141 N.W. 20TH STREET. SUITE F1~~
~~BOCA RATON FL 33431~~

3. Date Incorporated or Qualified: 03/10/1982

3a. Date of Last Report: 03/15/1995

2. Principal Place of Business

21 8491 NW 17th Street
Suite, Apt. #, etc.
22 Suite 113
City & State
23 Miami, FL
Zip
24 33126 | 25 Country

2a. Mailing Address

26 8491 NW 17th Street
Suite, Apt. #, etc.
27 Suite 113
City & State
28 Miami, FL
Zip
29 33126 | 30 Country

4. FEI Number: 59-2178975 ☐ Applied For ☐ Not Applicable

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. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

~~MCDONALD, STEPHEN J ESQ.~~
~~315 SE 7TH ST., SUITE 303~~
~~FT. LAUDERDALE FL 33301~~

10. **Name and Address of New Registered Agent**

81 Name: Carlos M Marin Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 8491 NW 17th Street
83 Suite 113
84 City: Miami **FL** 85 Zip Code: 33126

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] DATE 3/7/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MARIN, CARLOS M JR.	
STREET ADDRESS	~~141 N.W. 20TH ST., SUITE F1~~	
CITY-ST-ZIP	~~BOCA RATON FL 33431~~	
TITLE	~~VS~~	☒ DELETE
NAME	~~MARIN, CARMEN L~~	
STREET ADDRESS	~~141 N.W. 20TH ST., SUITE F1~~	
CITY-ST-ZIP	~~BOCA RATON FL 33431~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	8491 NW 17th Street, Suite 113	
1.4 CITY-ST-ZIP	Miami, FL 33126	
2.1 TITLE	SEC	☐ Change ☒ Addition
2.2 NAME	Carlos Marin Sr	
2.3 STREET ADDRESS	7205 NW 19th Street	
2.4 CITY-ST-ZIP	Suite 300 Miami, FL 33126	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 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: [signature] 3/7/96 305-392-2512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (12/95)