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May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
~~7205 N.W. 19 STREET~~ ~~SUITE 300~~ MIAMI FL 33126 US	~~7205 N.W. 19 STREET~~ ~~300~~ MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8491 NW 17 ST Suite, Apt. #, etc. 22 #113 City & State 23 MIA , FL Zip 24 33126 Country 25 Dade	2a. Mailing Address 26 6480 SW 107 ST Suite, Apt. #, etc. 27 City & State 28 MIA FL Zip 29 33156 Country 30 Dade
3. Date Incorporated or Qualified 03/10/1982	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CARLOS M. MARIN, JR.
8491 NW 17TH STREET
SUITE 113
MIAMI 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) 6480 SW 107 ST
83
84 City MIA FL 85 Zip Code 33156

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] CARLOS M. MARIN JR., Pres. 4-24-98
Signature, if required, of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARIN, CARLOS M JR. ~~7205 N.W. 19 STREET, SUITE 300~~ MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 8491 N.W. 17 St.,Suite 113 Miami, FL 33126	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARLOS MRAIN, SR. ~~7205 NW 19TH STREET, SUITE 300~~ MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 8491 N.W. 17 St., Suite 113 Miami, FL 33126	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (10/97)

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 on an attachment with an address.

SIGNATURE: [signature] CARLOS M. MARIN 4-24-98 (305)392-2512