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

PROFIT CORPORATION ANNUAL REPORT



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

1996

G16162

(1)

DOCUMENT #	G16
MARDAN FARRICATO	ORS. INC.

SIGNATURE: DANIEU R. FOLDY SIGNATURE AND TYPED OR PRINTED NAME OF S

MAHU	an Fabh	ICATORS, INC.								
Principa! Place	e of Business			lailing Address						
3377 SW 2 /	AVE.			3377 SW 2 AVE.						
	DALE FL 333	15		FT. LAUDERDALE FL	33315					
								Date Incorporated or Qualified		
								12/02/1982 05/01/1995		
2. Principal Pla	ace of Busine	ess	28	. Mailing Address				4. FEI Number Applied For		
21			26		· · · · · · · · · · · · · · · · · · ·			59-2242574 Not Applicable		
Suite, Apt. :	#, etc.		ļ 1	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
City & State	· · · · · · · · · · · · · · · · · · ·		27	City & State				Tee Hequired		
23			28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip		Country	120	Zip	Coi	untry		B. This corporation has liability for intangible tax under s 199.032,		
24		25	29		30			Florida Statutes Yes No		
	g, Name	and Address of Cu	rrent Regis	stered Agent		Ι,		10. Name and Address of New Registered Agent		
						61	Name			
	DANIEL R					82	Street Add	t Address (P.O. Box Number is Not Acceptable)		
	W 67 AVE							· · · · · · · · · · · · · · · · · · ·		
LAUDER	RHILL FL 33	3319				63				
						84	City	85 Zip Code		
11 Durament	to the provin	one of Sections 607 (0600 and 60	7 1500 Florido Ctatut	as the she		Somed name	pration submits this statement for the purpose of changing its registered office		
familiar wit SIGNATURE	th, and accep	ot the obligations of, S	Section 607	.0505, Florida Statutes	S			ard of directors. I hereby accept the appointment as registered agent. I am		
12.	Signature, typed	or printed name of registered OFFICERS	AND DIREC	· · · · · · · · · · · · · · · · · · ·	13.	1 Agen	nt signature requir	ed when rensteling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	CHICENO	71110 01110	□ DELETE	1 1 1	TITLE		Change Addition		
KAME		DANIEL R		_	1.2 N	IAME				
STREET ADDRESS	3377 SI	W 2 AVE.			1.3 S	TRÉET	ADDRESS			
CITY - ST - ZIP	FT. LAU	IDERDALE FL			1.4 C	ITY-S	i - ZiP			
TITLE				☐ DELETE	2 1 1	TITLE		Change Addition		
NAME					22 N	AME				
STREET ADDRESS					23 S	TREET	ADDRESS			
CITY - S1 - ZIP	!	 		C) DELETE		TY-S	T-ZiP			
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NAME					3.2 N					
STREET ADDRESS							F ADDRESS			
CITY-ST-ZIP TITLE				T) DELETE	4.11	ITY-S	1 - ZIP	☐ Change ☐ Addition		
NAME				<u> </u>	4.2 N		İ	Consultation (Consultation)		
STREET ADORESS							ADDRESS	· ·		
CITY - ST - ZIP						iTY-S	1			
TillE				DELETE	5 1 1	TITLE		Change Addition		
NAME					5.2 N	IAME	1			
STREET ADDRESS	1				535	TREET	ADDRESS			
CITY - ST - ZIP	L				5.4 C	(TY-S	T-ZIP			
THILE				☐ DÉLETE	6.17	TITLE	1	☐ Change ☐ Addition		
NAME					62 N					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	v cortification	the information areas	liad with this	filing is valuatority f		TY-S		for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further		
certify that oath; that	t the informat I am an office	tion indicated on this : er or director of the ci	annual repo orporation c	rt or supplemental ann	iual report se empowe	is tru	ie and accur	ate and that my signature shall have the same legal effect as if made under nis report as required by Chapter 607, Florida Statutes; and that my name		

4/19/96 954-463-5820 Date Destrue Prove +