FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00 **PROFIT** CORPORATION FLORIDA DEPARTMEF STATE ANNUAL REPORT Sandra B Mor 1996 Secretary of § DIVISION OF CORPTIONS **DOCUMENT #** G29434 (9)MARI-LILLI CORPORATION Principal Place of Business Mailing Address 1745 S.W. 24 STREET MIAMI FL 33145 163 W. 24TH ST. HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 02/25/1983 04/28/1995 2a. Mailing Address 21 4. FEI Number 26 Applied For Suite, Apt #, etc. 59-2333164 Suite, Apt. #, etc. Not Applicable 22 27 5. Certificate of Status Desired \$8.75 Additional City & State Fee Required City & State 23 6. Election Campaign Financing \$5.00 May Be 28 Ζıp Trust Fund Contribution Country Added to Fees 24 Ccry 25 8. This corporation has liability for intangible tax under s 199.032. 29 9. Name and Address of Current Registered Agent 30 Yes 🗆 No Florida Statutes 10. Name and Address of New Registered Agent 11 Name REIMONDEZ, JOSE 163 W 24TH STREET Street Address (P.O. Box Number is Not Acceptable) 12 HIALEAH FL 33010 13 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abe-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 14 Signature, typed or priviled name of registered agent and link if applicable 12. (NOTE: Register Agent signature required when reinstating) OFFICERS AND DIRECTORS DATE Tille PD 13. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TLE NAME REIMONDEZ, JOSE Change ☐ Addition STREET ADDRESS 1751 S.W. 24TH STREET 12NAME CITY-ST-ZIP MIAM! FL **IJSTREET ADDRESS** TITLE SÕ 1.CITY-ST-ZIP DELETE NAME 2.1TITLE ESPINO, ESTRELLA Change ■ Addition STREET ADDRESS 1745 S.W. 24TH STREET 2 2NAME CITY-ST-ZIP 2 35TREET ADDRESS MIAM! FL TIFLE TD 240fY-ST-ZIP DELETE NAME REIMONDEZ, MARIA D.C. 3. TITLE Change Addition STREET ADDRESS 3 2 NAME 1751 SW 24TH ST CITY - ST - ZIP MIAMI FL 3.1 STREET ADDRESS TITLE 3.1 CITY-ST-ZIP DELETE NAME 4.1 JITLE Change Addition STREET ADDRESS 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE 4.4 CITY- ST-ZIP DELETE NAME 5 1 DITE Change Addition STREET ADDRESS 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP THILE 5.4 C/TY - ST - ZIP DELETE NAME 6. 1 TITLE ☐ Change ☐ Addition STREET ADDRESS 6.2 NAME E 3 STREET ADDRESS 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 appears in Block 12 or Block 13 if oranged, or an attachment with an address.

esmondes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(302) 882: 3428