

**FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G29434** (9)  
1. Corporation Name  
**MARI-LILLI CORPORATION**



Principal Place of Business: **1745 S.W. 24 STREET MIAMI FL 33145**  
Mailing Address: **163 W. 24TH ST. HIALEAH FL 33010 US**

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
9. Name and Address of Current Registered Agent (29-30)

3. Date Incorporated or Qualified: **02/25/1983**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **59-2333164**  
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

10. Name and Address of New Registered Agent (11-14)  
11. Name  
12. Street Address (P.O. Box Number is Not Acceptable)  
13. City  
14. Zip Code: **FL 85**

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 typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	REIMONDEZ, JOSE 1751 S.W. 24TH STREET MIAMI FL	<input type="checkbox"/> DELETE	
SD	ESPINO, ESTRELLA 1745 S.W. 24TH STREET MIAMI FL	<input type="checkbox"/> DELETE	
TD	REIMONDEZ, MARIA D.C. 1751 SW 24TH ST MIAMI FL	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

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 in an attachment with an address.

SIGNATURE: *Jose Reimondes* **JOSE REIMONDEZ** **4/25/96** **(305) 985-3958**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)