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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G29434 (9)			
1. Corporation Name MARILLI CORPORATION			
Principal Place of Business 1745 S.W. 24 STREET MIAMI FL 33145		Mailing Address 183 W. 24TH ST. HIALEAH FL 33010-2215 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent REIMONDEZ, JOSE 183 W 24TH STREET HIALEAH FL 33010		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP PO REIMONDEZ, JOSE 1751 S.W. 24TH STREET MIAMI FL		12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP PO REIMONDEZ, JOSE 1751 S.W. 24TH STREET MIAMI FL	
12.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP SD ESPINO, ESTRELLA 1745 S.W. 24TH STREET MIAMI FL		12.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP SD ESPINO, ESTRELLA 1745 S.W. 24TH STREET MIAMI FL	
12.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP TD REIMONDEZ, MARIA D.C. 1751 SW 24TH ST MIAMI FL		12.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP TD REIMONDEZ, MARIA D.C. 1751 SW 24TH ST MIAMI FL	
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14. I do 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. I changed or on an attachment with an address.			
SIGNATURE: <i>Jose Reimondez</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSE REIMONDEZ	
Date: 4/09/97		Day/mon/Year: (305) 885-3958	



CP2E034 (9/96)