FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G97765

(3)

THE MARQUEZ FAMILY, INC.

FILED
May 06 1997 8:00am
Secretary of State

A KARAKA BENDARNIA INDIA IRDIA BIKUA DINI DIDIK BIBIN DIBIK BIDIK BIDIK DIBIK BIDIK BIDIK BIDIK BEDI

Principal Place of Business Mailing Address					1 106141 880 1014 1001 1000 1114 014 0141 0101 010			
% SEVERO L. MARQUEZ 4248 E. 11TH AVE. HALEAH FL 33013		PO BOX 3400 HIALEAH FL 33013-0400						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Ad			dress			4. FEI Number		Applied For
21]		26	26			59-2427858 Not Applicable		
Sui 22	ite, Apt. #, etc.	Suite Apt. #, etc	Suite Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
Cit 23	y & State	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζψ 29	Zip Cc 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🗡 No		
9. Name and Address of Current Registered Agent				I		10. Name and Address of New Registered Agent		
٠	MARQUEZ, SEVERO L.			81	Name			
Š. j.	4248 E. 11TH AVENUE P.O. BOX 3400			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	HIALEAH FL 33013			83				
				84	City		FL	85 Zip Code
. 0	ursuant to the provisions of Sections 607. Iffice or registered agent, or both, in the Sections for including the sections of the section of	tate of Horida. Such change i	was authorize	:d by	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of of the appo	changing its registered pintment as registered

SIGNATURE (NOTE Registered Agent's gnature required when remistating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 18. ☐ Change ☐ Addition DELETE TITLE 1.1 THE MARQUEZ, SEVERO L. NAME 1.2 NAME 291 W. 49TH ST. STREET ADDRESS 1.8 STHEEL ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE Change Addition TITLE 2.1 10 (MARQUEZ, BARBARA R. 291 W. 49TH ST. STREET ADDRESS 2.8 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2. 4 CITY- \$1-7IP DELETE Change Addition 3.3 1111.6 TITLE NAMÉ 3 2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFIE Change Addition 4.1 TILLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition 5.1 THEF TITLE NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS 5.4 C/TY-S1-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS

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 eath; 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.

64 CITY - ST - ZIP

MONATURE MARGINED SOVEYON MORGUET Abril 16-97 198-6299

CR2E034 (9/96)