


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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90025 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H61205

1. Corporation Name
DI MARCO & DI MARCO, INC.



Principal Place of Business % KIMBELL & HAMANN, P.A. 799 BRICKELL PLAZA, #900 MIAMI, FL 33131-2805	Mailing Address % KIMBELL & HAMANN, P.A. 799 BRICKELL PLAZA, #900 MIAMI, FL 33131-2805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7163 Saint Andrews Road Suite, Apt. #, etc. 22 Road City & State 23 Lake Worth, FL Zip 24 33467	2a. Mailing Address 26 7163 Saint Andrews Road Suite, Apt. #, etc. 27 Lake Worth, FL City & State 28 Zip 29 33467	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 06/10/1985	4. FEI Number 59-2548118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
~~RESIDENT AGENTS CORPORATION OF FLORIDA
 799 BRICKELL PLAZA, #900
 MIAMI, FL 33131-2805~~

10. Name and Address of New Registered Agent

81 Name Elena Di Marco
82 Street Address (P.O. Box Number is Not Acceptable) 7163 Saint Andrews Road
83 LAKE WORTH,
84 City FL 85 Zip Code 33467

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 Elena Di Marco U.S.T. DATE 3/29/1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMARCO, CARMEN J	1.2 NAME	
STREET ADDRESS	CALLE 65A #21A-43	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ-DIMARCO, ELENA	2.2 NAME	
STREET ADDRESS	7163 ST. ANDREWS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMARCO, JENNY M	3.2 NAME	
STREET ADDRESS	CALLE 65A #21A-43	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMARCO, FRANCESCO JOSE	4.2 NAME	
STREET ADDRESS	CALLE 65A #21A-43	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE: [Signature] DATE 3/29/1999 DAYTIME PHONE # 963-7475

SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director