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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

MARC DEVIELOPMENT CORPORATION

FILED	
May 06 1998 8:00am	1
Secretary of State	

14410 0	EAFFOLMENT COULOUSIN	Sit						
Principal Place	of Business	Mailing Address				e jameinen man tonen brett manta tikiri dirit dib	int Ardin Arası Arası A	(B)(\$181) (B))
10637 NORTH KENDAL DRIVE 10637 NORTH KENDAL DRIV			DRIVE					
SUITE 7-B		SUITE 7-8				DO NOT WRITE IN T	THIS SPACE	
Miami Fl 331 US	76	MIAMI FL 33176 US				3. Date Incorporated or Qualified	THO DI AGE	
03		US				05/13/1988		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	17	Applied For
21	ace of pasitions	26				65-0053777	 	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					60 75	Additional
22		27				5. Certificate of Status Desired		Required
City & State)	City & State				6. Election Campaign Financing	\$5.0	О Мау Ве
23		28				Trust Fund Contribution		d to Fees
Žip	Country	Ζφ	Cor	intry		8. This corporation owes or has paid th		
24	25	29	30	,		Personal Property Tax due June 30.		⊠ No
	9. Name and Address of Current	t Registered Agent		81	Name -	10. Name and Address of New Registe	ered Agent	
	SO, MARTA A.			°'	Name			
	714 S.W. 92 TRAIL			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MI/	VMI FL 33186			83				
				°				
				84	City		FL 85 Zip	p Code
44 6	1 4	2 and CO7 1500 Florida Statu	ton the n		namad aara	oration submits this statement for the purpo		ite registered
l office or re	egistered agent, or both, in the State :	of Florida Such change was	authorize	d by	the corporati	ion's board of directors. I hereby accept the	e appointment a	as registered
ag ent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Fi	lorida Sta	lules				
SIGNATURE	Signalure, typed or printed name of registered ager	n) and lite if soulcoble (NO	TE Benistere	d Aner	nt pionelure require	ed when reinstating) D	DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
TITLE	P	DELETE	1.1 Ti	ITLE	T		Change	Addition
NAME	CASO, RICHARD		1.2 N	AME				
STREET ADDRESS	11714 S.W. 92 TRAIL		1.3 \$	TREET	ADDRESS			Į;
CITY-ST-ZIP	MIAMI FL 33186		1.4 C	ITY-ST	r-ZIP			
TITLE	TSD	DELETE	211	TLE			☐ Change	Addition
NAME	CASO, MARTA A.		2.2 N	AME				
STREET ADDRESS	11714 SW 92ND TERRACE		2.3 \$	TREET	ADDRESS			
CFTY-ST-ZIP	MIAMI FL 33186		2.40	CITY-S	T - ZIP			
TITLE		☐ DELETE	3.1 TI	ITLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			. I Admi
TITLE		☐ DELETE	4.1 TI				i ∐ Change	e L Addition
NAME			4.21					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETT		11Y-S1	1-21P		Change	Addition
TITLE		☐ DELETE	5.1 TI		-		☐ Maufe	- La vanidali
NAME			5.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	5.4 C 6.1 T	ITY-ST	1-211		Change	Addition
TITLE		ריי מנרכוב					em compt	- Lourion
NAME ATTECT ADDRESS			6.2 N		ADDRESS			
STREET ADDRESS					ADORESS			
CITY-ST-ZIP	parties that the information cumplied wi	ith thir titing door not qualify:	for the ev	Ompt	ion stated in	Section 119 07/3/(i) Florida Statules I furth	her certify that the	ne information

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 with an address.

4/20/98

/ane) -> 0 - 800/