

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90078 046 ***150.00

DOCUMENT # K26475

1. Corporation Name
MARCASITE HOLDINGS, INC.

Principal Place of Business

ONE SE THIRD AVENUE
SUITE #1400
MIAMI FL 33131

Mailing Address

ONE SE THIRD AVENUE
SUITE #1400
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1988

4. FEI Number

65-0060977

Applied For
Not Applicable

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 owes the current year tangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 760 Harbor Drive

Suite, Apt. #, etc.

22

City & State

23 Key Biscayne, FL

24 33149

Country

25 USA

2a. Mailing Address

26 760 Harbor Drive

Suite, Apt. #, etc.

27

City & State

28 Key Biscayne, FL

29 33149

Country

30 USA

9. Name and Address of Current Registered Agent

COPROLITE CORPORATION
SUITE 1400
ONE SOUTHEAST THIRD AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Romano Ciocca
82 Street Address (P.O. Box Number is Not Acceptable)
760 Harbor Drive
83
84 City Key Biscayne FL 85 Zip Code 33149

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME CIOCCA, ROMANO
STREET ADDRESS 1 SE 3RD AVE #1400
CITY-ST-ZIP MIAMI FL

TITLE VSD ☐ DELETE

NAME CIOCCA, LAURA
STREET ADDRESS 1 SE 3RD AVE #1400
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 760 Harbor Drive
1.4 CITY-ST-ZIP Key Biscayne, FL 33149

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 760 Harbor Drive
2.4 CITY-ST-ZIP Key Biscayne, FL 33149

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99

0186503

CR2E034 (11/98)