

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K27871 (8)

1. Corporation Name

MARUWA (U.S.A.), INC.

Principal Place of Business

1428 BRICKELL AVE., #106
MIAMI FL 33131

Mailing Address

290 NW 165TH ST
PLAZA 700
MIAMI FL 33169
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 12:49

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1988

3a. Date of Last Report

02/02/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0068868

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of Now Registered Agent

HALPRYN ERNEST M
1428 BRICKELL AVE, STE 105
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME LABIANCA, PHILIP
STREET ADDRESS 1428 BRICKELL AVE, SRE 105
CITY-ST-ZIP MIAMI FL

TITLE VPD
NAME DEVECCHI, JOHN
STREET ADDRESS 1428 BRICKELL AVE, STE 105
CITY-ST-ZIP MIAMI FL

TITLE AS
NAME WEISBERG, ALAN JAY
STREET ADDRESS 290 NW 165TH ST, PLAZA 700
CITY-ST-ZIP MIAMI FL

TITLE PD
NAME HALPRYN, ERNEST M.
STREET ADDRESS 1428 BRICKELL AVE, STE 105
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption printed in Section 110.07(3)(b), 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 without addition.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95 (305) 949-4955

Title

Signature Name #