

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 24 PM 12:51

DOCUMENT # K37725 (4)

1. Corporation Name

MARMI PRADO & ASSOCIATES, INC.

Principal Place of Business

7350 SW 72 AVE
MIAMI FL 33143
US

Mailing Address

7350 SW 72 AVE
MIAMI FL 33143
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1988

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0074757

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

6. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 1390 BRICKELL AV.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 230

23 City & State

24 Miami, FL

27 City & State

28

25 Zip

26 33131

Country

25 USA

29 Zip

30

Country

9. Name and Address of Current Registered Agent

PRADO, MARIA VICTORIA
7350 SW 72 AVE
MIAMI FL 33143

10. Name and Address of New Registered Agent

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 signatures required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PRADO, MARIA VICTORIA
STREET ADDRESS 7350 SW 72 AVE
CITY - ST - ZIP MIAMI FL

TITLE ST
NAME PRADO, MARIA VICTORIA
STREET ADDRESS 7350 SW 72 AVE
CITY - ST - ZIP MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP ☐ Change ☒ Addition

21 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP ☐ Change ☒ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 stated in Section 110.07(3)(k), 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.

SIGNATURE:

Maria Victoria Prado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

MARIA VICTORIA PRADO

5/18/95 (305) 3817790

Date

Signature Printed