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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K57562 (6)MARINELLI REAL ESTATE ASSOCIATES, INC. Principal Place of Business Mailing Address P.O. BOX 350335 2010 NE 7 AVENUE. 2100 N. DIXIE HWY DIOD IL DIVIE LIND DANIA FL 33304 FT. LAUDERDALE FL 33335-0335 3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1989 03/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1901 SW 65-0097565 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 28 Added to Fees Country Zip This corporation has liability for intangible tax under s. 199.032, 🕽 Yes 🗌 No Florida Statutes 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARINELLI, ORLANDO MICHAEL 2010 NE 7 AVENUE Street Address (P.O. Box Number is Not Acceptable) **DANIA FL 33304** 83 84 auderdale 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 approable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE n 11 TITLE MARINELLI, ORLANDO M. NAME 1.2 NAME 2010 NE 7TH AVENUE 1.3 STREET ADDRESS STREET ADORESS DANIA FL 1.4 CITY - \$T - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MARINELLI, ANTONIO M. 2.2 NAME 2010 NE 7 AVENUE STREET ADDRESS 2.3 STREET ADDRESS Dania FL 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-7IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY - ST - ZIP DELETE ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do 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 of 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE

Date

FILED

Jan 24 1997 8:00am

Secretary of State

96/6) CR2E034