

119.07(3)(K) FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K88065 (3)

1. Corporation Name
FAMA GROUP, INC.



Principal Place of Business Mailing Address
~~782 NW LeJeune Rd~~ ~~782 NW LeJeune Rd~~
~~Suite 400~~ ~~Suite 400~~
MIAMI FL 33126 MIAMI FL 33126

3. Date Incorporated or Qualified **05/15/1989** 3a. Date of Last Report **02/28/1995**

2. Principal Place of Business 2a. Mailing Address
21 **782 NW LeJeune Road** 28 **782 NW LeJeune Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 548** 27 **Suite 548**
City & State City & State
23 **Miami FL** 28 **Miami FL**
Zip Zip Country Country
24 **33126** 25 **USA** 29 **33126** 30 **USA**

4. FEI Number **65-0268577** 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 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 New Registered Agent

MARQUEZ, JOSE M.
~~782 NW LeJeune Rd~~
~~Suite 400~~
MIAMI FL 33126

81 Name **JOSE M. MARQUEZ, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable) **782 NW LeJeune Road**
83 **Suite 548**
84 City **Miami** FL 85 Zip Code **33126**

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]* *[Signature]* 11/15/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	MARQUEZ, FAUSTO
STREET ADDRESS	782 NW LeJeune Rd, #400
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARQUEZ, Fausto
13 STREET ADDRESS	782 NW LeJeune Rd., Suite 548
14 CITY - ST - ZIP	Miami, Fl. 33126
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	900001805619
43 STREET ADDRESS	-05/02/96- -01091--005
44 CITY - ST - ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *[Signature]* **President** **1/15/96** **447-1160**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)