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

APPROVED AND FILED

95 MAR -3 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00121 (8)

1. Corporation Name

ETURA & MARCON, INC.

Principal Place of Business	Mailing Address
13499 BISCAYNE BLVD. STE. 1014 N MIAMI FL 33181 US	13499 BISCAYNE BLVD SUITE 1014 N. MIAMI FL 33181 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1989
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 600 N.E. 36th Street	26 600 N.E. 36th Street
Suite, Apt. #, etc. 22 Apt. T-21	Suite, Apt. #, etc. 27 Apt. T-21
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33137-3945 Country 25 Dade	Zip 29 33137-3945 Country 30 Dade

4. FEI Number: 65-0129743 ☐ 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
PERDOMO, MILLIE 999 PONCE DE LEON BLVD SUITE 705 CORAL GABLES FL 33134	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 _____ DATE
(Before me, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ETURA, ALDO	12 NAME	ETURA, ALDO	
STREET ADDRESS	13499 BISCAYNE BLVD., #1014	13 STREET ADDRESS	600 N.E. 36th Street, Apt. T-21	
CITY-ST-ZIP	N MIAMI FL	14 CITY-ST-ZIP	Miami, Florida 33137-3945	
TITLE	D	21 TITLE	VD	☒ Change ☐ Addition
NAME	ETURA, MIRTA BEATRIZ	22 NAME	MARCON de ETURA, MIRTA BEATRIZ	
STREET ADDRESS	13499 BISCAYNE BLVD., #1014	23 STREET ADDRESS	600 N.E. 36th Street, Apt. T-21	
CITY-ST-ZIP	N. MIAMI FL	24 CITY-ST-ZIP	Miami, Florida 33137-3945	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	ETURA, FABIANA PATRICIA	32 NAME	ETURA MARCON, FABIANA PATRICIA	
STREET ADDRESS	13499 BISCAYNE BLVD., #1014	33 STREET ADDRESS	600 N.E. 36th Street, Apt. T-21	
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP	Miami, Florida 33137-3945	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	ETURA, NATALIA C	42 NAME	ETURA MARCON, NATALIA CAROLINA	
STREET ADDRESS	13499 BISCAYNE BLVD., #1014	43 STREET ADDRESS	600 N.E. 36th Street, Apt. T-21	
CITY-ST-ZIP	N. MIAMI FL	44 CITY-ST-ZIP	Miami, Florida 33137-3945	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	ETURA, ALDO M MAXIMIL	52 NAME	ETURA MARCON, ALDO MAURO MAXIMILIANO	
STREET ADDRESS	13499 BISCAYNE BLVD, #1014	53 STREET ADDRESS	600 N.E. 36th Street, Apt. T-21	
CITY-ST-ZIP	N. MIAMI FL	54 CITY-ST-ZIP	Miami, Florida 33137-3945	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	ETURA MARCON, MARIA FERNANDA	
STREET ADDRESS		63 STREET ADDRESS	600 N.E. 36th Street, Apt. T-21	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, Florida 33137-3945	

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 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 above, or on an attachment with an address.

(305) 576-1444

SIGNATURE: Aldo Etura PRESIDENT 02-27-95 FAX (305) 573-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200177 CP