

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

000222

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90099 028 \*\*\*150.00

DOCUMENT # **L00121**

1. Corporation Name  
**ETURA & MARCON, INC.**

Principal Place of Business

600 N.E. 36TH STREET  
APT. T-21  
MIAMI FL 33137-3945  
US

Mailing Address

600 N.E. 36TH STREET  
APT. T-21  
MIAMI FL 33137-3945  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/06/1989**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PERDOMO, MILLIE  
231 ALTARA AVE  
SUITE 705  
CORAL GABLES FL 33146

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ETURA, ALDO**

STREET ADDRESS **600 N.E. 36TH STREET, APT. T-21**

CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE

NAME **MARCON DE ETURA, MIRTA BEATRIZ**

STREET ADDRESS **600 N.E. 36TH STREET, APT. T-21**

CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **ETURA MARCON, FABIANA PATRIC**

STREET ADDRESS **600 N.E. 36TH STREET, APT. T-21**

CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **ETURA MARCON, NATALIA CAROLI**

STREET ADDRESS **600 N.E. 36TH STREET, APT. T-21**

CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **ETURA MARCON, ALDO MAURO MAX**

STREET ADDRESS **600 N.E. 36TH STREET, APT. T-21**

CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **ETURA MARCON, MARIA FERNANDA**

STREET ADDRESS **600 N.E. 36TH STREET, APT. T-21**

CITY-ST-ZIP **MIAMI FL**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/15/99** **(305) 573-1017**

Day

Daytime Phone #

CR2E034 (11/98)