SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

LA MORRA MARINA INC

FILED Jul 29, 1999 8:00 am Secretary of State 07-29-1999 90026 039 ***550.00

Principal Place of Business Mailing Address Marika TOLZ. COURT APPOINTED CONSERVATOR 1804 SHERMAN STREET HOLLYWOOD FL 33020 Mailing Address Marika TOLZ. COURT APPOINTED CONSERVATOR 1804 SHERMAN STREET HOLLYWOOD FL 33020						ED CO	ONSERVATOR	DO NOT WRITE IN TH 3. Date Incorporated or Qualified 10/31/1989		
2. Principal Pl	lace of Busin	ness	2a.	. Mailing Address			•	4. FEI Number	Appli	ed For
21			26	,			ı	59-2044113	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					\$8.75 Add	
2			27					5. Certificate of Status Desired Fee Required		
City & State	ė		28	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to I	•
Zip ,		Country		Zip	Cou	untry		8. This corporation owes the current year		
24		25	29		30			Intangible Personal Property.		10
	9. Name	and Address of Current	Regis	stered Agent		-	A1	10. Name and Address of New Registere	ed Agent	
TOI 7	MARIKA					81	Name			
TOLZ, MARIKA COURT APPOINTED CONSERVATOR						82	Street Addres	ess (P.O. Box Number is Not Acceptable)		
	SHERMAN					83				_
	YWOOD P					["			L	
						84	City		85 Zip Co	de
office or a	registered a	sions of sections 607.0502 gent, or both, in the State o vith, and accept the obligat	of Flori	ida. Such change was	authorize	d by t	the corporation	is board of directors. I hereby accept the app	pointment as regis	tered
office or agent. I a	registered ag am familiar v	gent, or both, in the State of vith, and accept the obligate or printed name of registered agent	of Florid tions of and title i	da. Such change was f, section 607.0505, I	s authorize Florida Staf	ed by t tutes.	the corporation	and of directors. I hereby accept the appear of the appear	pointment as regis	tered
office or agent. I a	registered ag am familiar v	gent, or both, in the State ovith, and accept the obligat	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable.	authorize Florida Stat	ed by t tutes.	the corporation	i's board of directors. I hereby accept the app	pointment as regis AND DIRECTORS	tered
office or agent. I a SIGNATURE .	registered as familiar v	gent, or both, in the State of with, and accept the obligat or printed name of registered agent OFFICERS AND	of Florid tions of and title i	da. Such change was f, section 607.0505, I	authorize Florida Stat NOTE: Registe	ed by t tutes. ered Age	the corporation	and of directors. I hereby accept the appear of the appear	pointment as regis	tered
office or agent. I a SIGNATURE.	registered as familiar visit signature, typed PSTD BRANDIN	gent, or both, in the State of vith, and accept the obligate or printed name of registered agent	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable.	NOTE: Registe 13. 1.1 Ti	ed by t tutes. ered Age - TLE AME	the corporation	and of directors. I hereby accept the appear of the appear	pointment as regis AND DIRECTORS	tered
office or agent. I a SIGNATURE . 12. TITLE NAME	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligat or printed name of registered agent OFFICERS AND	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable.	s authorizer Florida Staf NOTE: Registe 13 1.1 Tl 1.2 N/ 1.3 ST	ed by t tutes. ered Age - TLE AME	the corporation ent signature require	and of directors. I hereby accept the appear of the appear	pointment as regis AND DIRECTORS	tered
office or agent. I a SIGNATURE . 12. TITLE NAME STREET ADDRESS	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable.	s authorizer Florida Staf NOTE: Registe 13 1.1 Tl 1.2 N/ 1.3 ST	ed by t tutes. ered Age - ITLE AME TREET A	the corporation ent signature require	and of directors. I hereby accept the appear of the appear	pointment as regis AND DIRECTORS	tered
office or agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. CCTORS DELETE	s authorizer Florida Staf NOTE: Registe 13 1.1 Ti 1.2 No 1.3 ST 1.4 Cr	ed by t tutes. ored Age TLE AME TREET A TTY-ST-Z	the corporation ent signature require	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change	6 (N 12 Addition
office or agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. CCTORS DELETE	a authorize Florida Stat NOTE: Registe 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/	ed by to tutes. ored Age TLE AME TREET A TTY-ST-Z TLE AME	the corporation ent signature require	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change	6 (N 12 Addition
office or agent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. ECTORS DELETE	s authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/ 2.3 ST 2.4 CF	ed by to tutes. The second Age The second Age THE STATE THE SECOND AGE TH	ent signature require ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change	6 IN 12 Addition Addition
office or agent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. CCTORS DELETE	s authorize Florida Staf NOTE: Registe 13 1.1 TI' 1.2 N/ 1.3 ST 1.4 CT 2.1 TI' 2.2 N/ 2.3 ST 2.4 CT	ed by to tutes. ored Age TLE AME TREET A TY-ST-Z TLE TREET A TY-ST-Z TLE	ent signature require ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change	6 IN 12 Addition Addition
office or agent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. ECTORS DELETE	s authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI	THE AME TREET A TY-ST-Z TILE AME TREET A TY-ST-Z TILE AME TREET A	ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change	6 IN 12 Addition Addition
office or agent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. ECTORS DELETE	s authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI 3.1 TI 3.2 N/ 3.3 ST	ored Age TILE AME TREET A	ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change	6 IN 12 Addition Addition
office or agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. COTORS DELETE DELETE	s authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI	ored Age TITLE AME TREET A TITLE TREET A	ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change	Addition Addition
office or agent. I a gent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. ECTORS DELETE	s authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 N/ 1.3 ST 1.4 Cf 2.1 TI 2.2 N/ 2.3 ST 2.4 Cf 3.1 Tf 3.2 N/ 3.3 ST 3.4 Cf	ored Age - TITLE AME TREET A TITLE AME TREET A TITLE AME TREET A TITLE TREET A	ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change	Addition Addition
office or agent. I a gent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. COTORS DELETE DELETE	s authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 N/ 1.3 ST 1.4 Cf 2.1 TI 2.2 N/ 2.3 ST 2.4 Ci 3.1 TI 3.2 N/ 3.3 ST 3.4 Ci 4.1 TI 4.2 N/	ored Age TILE AME TREET A TITLE AME TREET A TITLE TREET A TREET A TREET A	ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change	6 IN 12 Addition Addition
Office or agent. I a gent. I a signature. 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. COTORS DELETE DELETE	a authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/ 2.3 ST 2.4 CF 3.1 TI 3.2 N/ 3.3 ST 3.4 CF 4.1 TI 4.2 N/ 4.3 ST	ored Age TILE AME TREET A TITLE AME TREET A TITLE TREET A TREET A TREET A	and algorithms and a second and	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change	Addition Addition
office or agent. I a gent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. COTORS DELETE DELETE	a authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/ 2.3 ST 2.4 CF 3.1 TI 3.2 N/ 3.3 ST 3.4 CF 4.1 TI 4.2 N/ 4.3 ST	ored Age TITLE AME TITLE AME TITLE TITLE AME TITLE TITLE	and algorithms and a second and	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change	Addition Addition
office or agent. I a signature. SIGNATURE. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. ECTORS DELETE DELETE DELETE	s authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 N/ 1.3 ST 1.4 Cf 2.1 TI 2.2 N/ 2.3 ST 2.4 Cf 3.1 Tf 3.2 N/ 3.3 ST 3.4 Cf 4.1 TI 4.2 N/ 4.3 ST 4.4 Cf	IN STATE AME TREET A AME TREET A AME TREET A	and algorithms and a second and	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change Change	Tered S IN 12 Addition Addition Addition Addition
office or agent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. ECTORS DELETE DELETE DELETE	a authorize Florida Staff NOTE: Register 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/ 2.3 ST 2.4 CF 3.1 TF 3.2 N/ 4.2 N/ 4.3 ST 4.4 CF 5.1 TF 5.2 N/ 5.2 N/ 5.2 N/ 5.2 N/ 5.2 N/ 5.2 N/ 5.3 N/ 5.2 N/ 5.2 N/ 5.2 N/ 5.3 Kf 1.4 CF 1.4	IN THE	and algorithms and a second and	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change Change	Tered S IN 12 Addition Addition Addition Addition
Office or agent. I a gent. I a signature. 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. ECTORS DELETE DELETE DELETE	a authorize Florida Staff NOTE: Register 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/ 2.3 ST 2.4 CF 3.1 TF 3.2 N/ 3.3 ST 3.4 CF 4.1 TI 4.2 N/ 4.3 ST 4.4 CF 5.1 TI 5.2 N/ 5.3 ST	IN THE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change Change	S (N 12 Addition Addition Addition
Office or agent. I a gent. I a gent. I a signature. 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, I if applicable. ECTORS DELETE DELETE DELETE	a authorize Florida Staff NOTE: Register 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/ 2.3 ST 2.4 CF 3.1 TF 3.2 N/ 3.3 ST 3.4 CF 4.1 TI 4.2 N/ 4.3 ST 4.4 CF 5.1 TI 5.2 N/ 5.3 ST	IN THE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change Change	Tered S IN 12 Addition Addition Addition Addition
Office or agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, if applicable. CCTORS DELETE DELETE DELETE	a authorize Florida Staff NOTE: Register 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/ 2.3 ST 2.4 CF 3.1 TF 3.2 N/ 4.3 ST 4.4 CF 5.1 TF 5.2 N/ 5.3 ST 5.4 CF 5.4 CF 5.4 CF 5.4 CF 5.5 ST 5.4 CF 5.5 ST 5.4 CF 5.5 ST 5.4 CF 5.5 ST 5.5 CF 5.5 ST 5.5 CF 5.5 ST 5.5 CF 5.5 ST 5.5 ST 5.5 CF 5.5 ST 5.5	IN STATE AME TY-ST-Z TILE AME TY-ST-Z TILE AME TY-ST-Z TILE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change Change Change	Addition Addition Addition
Office or agent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed PSTD BRANDIN 280 SE 9	gent, or both, in the State of with, and accept the obligated or printed name of registered agent OFFICERS AND O, STEFANO TH STREET	of Florid tions of and title i	ida. Such change was f, section 607.0505, if applicable. CCTORS DELETE DELETE DELETE	3 authorize Florida Staf NOTE: Registe 13 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/ 2.3 ST 2.4 CF 3.1 TF 3.2 N/ 3.3 ST 4.4 CF 5.1 TT 5.2 N/ 5.3 ST 5.4 CF 6.1 TT 6.2 N/	IN THE INTERIOR OF THE INTERIO	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of directors. I hereby accept the appear of the appear	AND DIRECTORS Change Change Change Change	Addition Addition Addition Addition

in Block 12 or Block 13 if changed, or on an attact

SIGNATURE: