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FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L30330

(9)

1. Corporation Name

MAROGO CORPORATION

Principal Place of Business

Mailing Address

~~C/O RAFAEL A. PENALVER JR.~~
~~1101 BRICKELL AVENUE~~
~~MIAMI, FLORIDA 33131~~

~~C/O RAFAEL A. PENALVER JR.~~
~~1101 BRICKELL AVENUE~~
~~MIAMI, FLORIDA 33131~~

C/o Rafael A. Penalver Jr. C/O Rafael A.
Penalver, Jr.

3. Date Incorporated or Qualified
11/17/1989

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1101 Brickell Avenue

26 1101 Brickell Avenue

22 Suite, Apt. #, etc.
1700 (Suite)

27 Suite, Apt. #, etc.
Suite 1700

23 City & State
Miami, Florida

28 City & State
Miami, Florida

24 Zip
33131

25 Country
U.S.A.

29 Zip
33131

30 Country
U.S.A.

4. FEI Number

65-0199754

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

~~RAFAEL A. PENALVER JR.~~
~~1101 BRICKELL AVENUE~~
~~MIAMI, FLORIDA 33131~~

81 Name
Rafael A. Penalver, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue

83 Suite 1700

84 City
Miami, FL 85 Zip Code
33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
HERNANDEZ, RICARDO
5001 COLLINS AVE.
MIAMI BEACH FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
RODRIGUES, MAGALY
5001 COLLINS AVE.
MIAMI BEACH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ALVAREZ, RICARDO JOSE
5001 COLLINS AVE.
MIAMI BEACH FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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 a duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 on this form, or on an attachment with an address.

SIGNATURE: RICARDO HERNANDEZ

CR2E034 (9/96)