

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L52615 (6)

1. Corporation Name

MARLAND PROPERTIES, INC.



Principal Place of Business

430 CAMPANA AVENUE  
CORAL GABLES FL 33156

Mailing Address

430 CAMPANA AVENUE  
CORAL GABLES FL 33156

2. Principal Place of Business

21 5733 Riviera Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 5733 Riviera Drive  
Suite, Apt. #, etc.

22 City & State

23 Coral Gables FL.

27 City & State

28 Coral Gables, FL.

24 Zip 33146

25 Country USA

29 Zip 33146

30 Country USA

3. Date Incorporated or Qualified  
02/23/1990

3a. Date of Last Report  
03/31/1995

4. FEI Number  
65-0175231

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

HERSKOWITZ, ANDREW  
430 CAMPANA AVENUE  
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
5733 Riviera Drive

83

84 City

Coral Gables

FL

85 Zip Code

33146

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state, if available

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/96

12. OFFICERS AND DIRECTORS

1. TITLE ☒ DELETE  
NAME PD  
STREET ADDRESS HERSKOWITZ, MARLA  
CITY-STATE-ZIP 430 CAMPANA AVENUE  
CORAL GABLES FL  
2. TITLE ☐ DELETE  
NAME VST  
STREET ADDRESS HERSKOWITZ, ANDREW  
CITY-STATE-ZIP 430 CAMPANA AVENUE  
CORAL GABLES FL  
3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 5733 Riviera Drive  
2.4 CITY-STATE-ZIP Coral Gables, FL. 33146  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ANDREW C. Herskowitz

DATE  
2/6/96

Daytime Phone #  
305-661-2666

CR2E034 (12/95)