

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

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L62577 (6)**

1. Corporation Name  
**MARGU CORPORATION**



Principal Place of Business <b>735 CRANDON BLVD STE 204 KEY BISLAYNE FL 33149 US</b>	Mailing Address <b>735 CRANDON BLVD STE 204 KEY BISLAYNE FL 33149 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>04/04/1990</b>	
<b>4.</b> FEI Number <b>65-0185205</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MARIA CRISTINA ACCIOLY DESOUZA ZGOSTINI  
161 CRANDON BLVD.  
UNIT 422  
KEY BISLAYNE FL 33149**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>735 CRANDON BLVD # 204</b>	
<b>83</b>	
<b>84</b> City <b>KEY BISLAYNE</b>	<b>85</b> Zip Code <b>FL 33149</b>

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NETTO, EUGENIO, AGOSTINI</b>
STREET ADDRESS	<b>161 CRANDON BLVD #422</b>
CITY-ST-ZIP	<b>KEY BISLAYNE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DA COSTA FILO, WALDEMAR</b>
STREET ADDRESS	<b>161 CRANDON BLVD #422</b>
CITY-ST-ZIP	<b>KEY BISLAYNE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	<b>735 CRANDON BLVD # 204</b>
<b>1.4</b> CITY-ST-ZIP	<b>KEY BISLAYNE, FL 33149</b>
<b>2.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	<b>735 CRANDON BLVD # 204</b>
<b>2.4</b> CITY-ST-ZIP	<b>KEY BISLAYNE, FL 33149</b>
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	<b>MARIA CRISTINA ACCIOLY DE SOUZA AGOSTINI</b>
<b>3.3</b> STREET ADDRESS	<b>735 CRANDON BLVD # 204</b>
<b>3.4</b> CITY-ST-ZIP	<b>KEY BISLAYNE, FL 33149</b>
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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, or on an attachment with an address.

**SIGNATURE** \_\_\_\_\_

CR2E034 (10/97)