


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90158 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L62577

1. Corporation Name
MARGU CORPORATION

Principal Place of Business 735 CRANDON BLVD STE 204 KEY BISCAIYNE FL 33149 US	Mailing Address 735 CRANDON BLVD STE 204 KEY BISCAIYNE FL 33149 US
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DO NOT WRITE IN THIS SPACE

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

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

9. Name and Address of Current Registered Agent

MARIA CRISTINA ACCIOLY DESOUZA ZGOSTINI
 735 CRANDON BLVD,
 SUITE 204
 KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent

81. Name	MARIA CRISTINA ACCIOLY DE SOUZA AGOSTINI
82. Street Address (P.O. Box Number is Not Acceptable)	735 CRANDON BLVD # 204
83. City	KEY BISCAIYNE FL
84. Zip Code	33149

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTO, EUGENIO, AGOSTINI	1.2 NAME	
STREET ADDRESS	735 CRANDON BLVD, SUITE 204	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA COSTA FILO, WALDEMAR	2.2 NAME	
STREET ADDRESS	735 CRANDON BLVD, SUITE 204	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	2.4 CITY-ST-ZIP	
TITLE	OD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGOSTINI, MARIA CRISTINA	3.2 NAME	
STREET ADDRESS	735 CRANDON BLVD, SUITE 204	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Cristina Accioly de S. Agostini* **MARIA CRISTINA ACCIOLY DE S. AGOSTINI** 1-20-99 (305) 361-3810

CR2E034 (1/1/98)