

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20334 (9)
1. Corporation Name
MARA EQUITIES LTD., CORP.



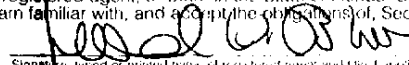
Principal Place of Business LOEB, BLOCK & WACKSMAN 505 PARK AVE. SUITE 900 NEW YORK NY 10022	Mailing Address LOEB, BLOCK & WACKSMAN 505 PARK AVE. SUITE 900 NEW YORK NY 10022
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. Loeb, Block & Partners LLP Suite, Apt. #, etc. 22. 2474 Southwest 27th Terrace City & State 23. Miami, Florida Zip 24. 33133		2a. Mailing Address 25. Loeb, Block & Partners LLP Suite, Apt. #, etc. 26. 505 Park Avenue 9th floor City & State 27. New York, NY Zip 28. 10022		3. Date Incorporated or Qualified 08/03/1988	
		4. FEI Number 51-0310466		Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

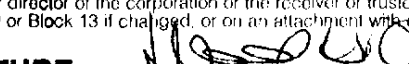
9. Name and Address of Current Registered Agent BLOOM, LEONARD NORTHMAN & BLOOM 1101 BRICKELL AVE. SUITE 1400 MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name SOUTH FLORIDA RESIDENT AGENTS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) First Union Financial Center 83 Suite 4750, 200 South Biscayne Boulevard 84 City Miami 85 Zip Code FL 33131			
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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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DECASTRO, RAUL SANTOS WE		1.2 NAME	LOEB, BLOCK & PARTNERS, LLP, 9TH FL			
STREET ADDRESS	C/O LOEB, BLOCK & WACKSMAN, 9TH FL		1.3 STREET ADDRESS	NEW YORK, NY 10022			
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GROSSMAN, JEROME		2.2 NAME				
STREET ADDRESS	C/O LOEB, BLOCK & WACKSMAN, 9TH FL		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLOOM, LEONARD		3.2 NAME	BLOOM, LEONARD			
STREET ADDRESS	1101 BRICKELL AVE, STE 1400		3.3 STREET ADDRESS	200 SOUTH BISCAYNE BLVD, SUITE 4750			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33131			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			4.2 NAME	SELZER, HERBERT			
STREET ADDRESS			4.3 STREET ADDRESS	505 PARK AVE., 9TH FL			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NEW YORK, NY 10022			
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	700002506037			
STREET ADDRESS			6.3 STREET ADDRESS	-04/30/98--01007--028			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00			

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)