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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000015150 (4)

MARQUESA, INC.

Principal Place of Business

Mailing Address

44 COLLINS AVEXXXXX

APPROVED AND FILED

1997 FEB 1 1 PM 1: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MIAMI BEACH FE 33139		MIAMI BEACH FL 33139-6610						
					3. Date Incorporated or Qualified 03/01/1993		of Last Re 2/1996	eport .
2. Principal Pla		2a. Mailing Address			4. FEI Number		Ap	plied For
One South Pointe Dr 26 One South Po				Or	65-0401679		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State M1	8 State Miami Beach FL City & State Miami Beach 28			FI. 6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip 33139	Country 25	^{Z_iρ} 33139	Country 30		8. This corporation has liability for in Florida Statutes	tangible te Yes		199.032,
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered A	jent	
THRE	EATT, ROBERT R		81	Name				
*46 *(DOLKINIS XXVEX		82	Street Add	Iress (P.O. Box Number is Not Acceptable	e)		
		South Pointe Dr:	ive			<u>'</u>		
MIAM	II BEACH FL 33139		83		3000020	943	323	
			84	City	-U2/11/1	!/==U1	26 F	iiiibi Sooteaaa
			1 1	,	非常本生1日日 poration submits this statement for the pu	. T-F	" "	
SIGNATURE	gistered agent, or both, in the state of familiar with, and accept the obligations of registered agents.				ation's board of directors. I hereby accept	DATE	nument as	registered
	signature its led or printed harbe of registered agen OFFICE'RS AND		13.	ut signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
12.	PO	DELETE	11 TITLE		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	KRAMER, THOMAS		1.2 NAME	l l		_		
1	XIII EKKUNG AMEXX		1.3 STREET	ADDRESS	One South Pointe Dr:	lve		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 City-S		Miami Beach FL 3313		^	
TITLE	VP	DELETE	2.1 TITLE	1 211		l	Change	Addition
NAME	HANAU, H		2.2 NAME					
STREET ADDRESS	MEXXXENS AVENUE XXXXX	K	2.3 STREET	ADORESS	One South Pointe Dr	ive		
CITY - ST - ZIP	MIAMI BEACH FL		2.4 CITY-S	ST-ZIP	Miami Baech FL 33139			
TITLE	VPS	DELETE	3.1 TITLE				Change	Addition
NAME	NEE, M		3.2 NAME					
STREET ADDRESS	X 448XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		3.3 STREET	ADDRESS	One South Pointe Dr	lve		
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY - S	ST-ZIP	Mismi Beach FL 331:	30		
TOTLE		☐ DELETE	4.1 TITLE			"	Change	Addition
NAME			4.2 NAME			1		
STREE1 ADDRESS			43 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CiTY-S	T-ZIP				
TITLE		☐ DELETE	51 TITLE	-		L	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	- 1				
CITY-ST-ZIP		1 DELETE	5.4 CITY - S	T-ZIP			T.Ch	Na alane -
TITLE		☐ DELETE	6.1 TITLE			L	Change	Landinon
NAME			62 NAME				/	JUST B
STREET ADDRESS			6.3 STREET				*	7/11
CITY - ST - ZIP		1	6.4 CITY - S	T-ZIP	1			V

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 angual 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 porporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: