FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000018880 (3)

1. Corporation Name
FREVE MARCO, INC.

Principal Place of Business	Mailing Address
2777 SW 25TH STREET MIAMI FL 33133	2777 SW 25TH STREET MIAMI FL 33133

3. Date Incorporated or Qualified: **03/03/1993**
3a. Date of Last Report: **07/10/1995**

2. Principal Place of Business
21 5919 JOHNSON ST
22 Suite, Apt. #, etc.
23 City & State: HOLLYWOOD, FL.
24 Zip: 33021 25 Country: BROWARD

2a. Mailing Address
26 5919 JOHNSON ST
27 Suite, Apt. #, etc.
28 City & State: HOLLYWOOD, FL.
29 Zip: 33021 30 Country: BROWARD

4. FEI Number: **65-0401214** ☐ 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

SNYDER, LESLIE I
28 W. FLAGLER ST.
11TH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: RONALD D. IBARRA.
82 Street Address (P.O. Box Number is Not Acceptable): 5919 JOHNSON ST
83
84 City: HOLLYWOOD **FL** 85 Zip Code: 33021

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: ANITA IBARRA SECRETARY 5/16/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when this statement is filed) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IBARRA, RONALD D 28 W. FLAGLER ST. 11TH FL. MIAMI FL 33130	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT IBARRA, RONALD D. 5919 JOHNSON ST HOLLYWOOD, FL. 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY IBARRA, ANITA. 5919 JOHNSON ST. HOLLYWOOD, FL. 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: ANITA IBARRA SECRETARY 5/16/96 (305) 961-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #