FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 10 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000028233 (3)**

1. Corporation Name
MARGARITA LAND DEVELOPMENT, CORP.

Principal Place of Business	Mailing Address
618 EAU GALLIE BLVD MELBOURNE FL 32935	618 EAU GALLIE BLVD MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21 107 Islandview Drive
22 Suite, Apt. #, etc.
23 City & State: Indian Harbour Bch, FL
24 Zip: 32937
25 Country:

2a. Mailing Address
26 107 Islandview Drive
27 Suite, Apt. #, etc.
28 City & State: Indian Harbour Bch, FL
29 Zip:
30 Country:

4. FEI Number: 59-3180656 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PALACIOS, FERNANDO M
618 EAU GALLIE BLVD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: Palacios, Fernando M
82 Street Address (P.O. Box Number is Not Acceptable): 525 E Strawbridge Avenue
83
84 City: Melbourne FL 85 Zip Code: 32901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RIGUAL, RUBEN E	1.2 NAME	Rigual, Ruben E	
STREET ADDRESS	1222 YACHT CLUB BLVD	1.3 STREET ADDRESS	107 Islandview Drive	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	1.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	DE RIGUAL, CARMEN F	2.2 NAME	De Rigual, Carmen F	
STREET ADDRESS	1222 YACHT CLUB BLVD	2.3 STREET ADDRESS	107 Islandview Drive	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	2.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	FUENMAYOR, DEBORAH	3.2 NAME		
STREET ADDRESS	859 HAWKSBILL ISLAND DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000084 CP