

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000028233 (3)**

1. Corporation Name

**MARGARITA LAND DEVELOPMENT, CORP.**



Principal Place of Business <b>107 ISLANDVIEW DRIVE INDIAN HARBOR BCH FL 32837 US</b>	Mailing Address <b>107 ISLANDVIEW DRIVE INDIAN HARBOR BCH FL 32835 US</b>
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2. Principal Place of Business 21 <b>9955 Westview Dr.</b> Suite, Apt. #, etc 22 <b>#227</b> City & State 23 <b>CONAR SPRINGS, FL</b> Zip 24 <b>33076</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 8183</b> Suite, Apt. #, etc 27 City & State 28 <b>CONAR SPRINGS, FL</b> Zip 29 <b>33075</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>04/16/1993</b>	3a. Date of Last Report <b>07/10/1995</b>	4. FEI Number <b>59-3180656</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>PALACIOS, FERNANDO M 525 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	DELETE		1.1 TITLE	Change	Addition	
NAME	RIGUAL, RUBEN E			1.2 NAME			
STREET ADDRESS	107 ISLANDVIEW DRIVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	INDIAN HARBOR BEACH FL			1.4 CITY - ST - ZIP			
TITLE	TO	DELETE		2.1 TITLE	Change	Addition	
NAME	DE RIGUAL, CARMEN F			2.2 NAME			
STREET ADDRESS	107 ISLANDVIEW DRIVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	INDIAN HARBOR BEACH FL			2.4 CITY - ST - ZIP			
TITLE	S	DELETE		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		DELETE		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		DELETE		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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (3/96)