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 # P93000059911 (6)

MARCO TRADING, INC.

Principal Place of Business Mailing Address									
4725 MONROE HOLLYWOOD F	4725 MONROE ST. HOLLYWOOD FL 33021-	ONROE ST.							
TOLLINOUS IL SOLI						3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1993 02/23/1996			
2. Principal Place of Business 28. Mailing Ad-			ddress			4. FEI Number	Applied For		
21		26				65-0433357		Not Applic	
Suite, Apt #, etc Suite, Apt #, 27						5. Certificate of Status Desired Section Fee Required			
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be	
Z ₁ p	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes X Yes No			32,
	9. Name and Address of Curre	ent Registered Agent	1441			10. Name and Address of New Re	lstered Agent		
TER	REMARK CORPORATE AGENTS	S INC.		81	Name				
2601 SOUTH BAYSHORE DR.					Street Add	ess (P.O. Box Number is Not Acceptab			
19TH FLOOR				82	Opoct Addi	ess (1.0, box Nortbor is Not recopius			
MIAI	VII FL 33133			83					
				84	City		85	Zip Code	
					•		FL "		
SIGNATURE	Signature Apost or printed name of regularistic and	gertanotee d'applicable (N				oration submits this statement for the p ion's board of directors. I hereby accep as when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D Schultz, Mark	☐ DELETE	1.11				Char	ge L.JA	ddition
NAME	4725 MONROE ST.			IAME					
STREET ADDRESS	HOLLYWOOD FL 33021				ADDRESS				
CRTY-ST-ZIP TITLE	D	DELETE	1.4 C	ITY-S	T-ZIP		Char	ine A	Addition
INAME	SCHULTZ, BARBARA	L_ DECCE		IAME			L. Ona	år m	uunn
STREET ADDRESS	4725 MONROE ST.				ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-S					
TITLE		☐ DELETE	3.1 T			······································	Char	ige 🔲 A	Addition
NAME				IAME					
STREET ADORESS			3.3 \$	STREET	ADDRESS				
CITY - ST - ZIP			3.4.	CITY-S	ST-ZIP				
T;TLE		DELETE	4.1 1	ITLE			Char	ige 🔲 A/	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3 9	STREET	ADDRESS				
CITY-ST-7/P			4.4 (CITY - S	T - ZIP				
-TIFLE		☐ DELETE	5.1 7	TITLE			Char	nge 🔲 Ā	Addition
NAME			5.21	VAMÉ					
STREET ADDRESS			539	STREET	ADDRESS				

5 4 CITY - ST - ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the information supplied with information indicated on this annual report or suppliant an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or the

CHTY-ST-ZIP

STREET ADDRESS

TITLE NAME

SIGNATURE AND TYPED OR PHINTED MAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

1/16/97 (BS) 987-5757

exemption stated in fection 119.07(3)(i), Florida Statutas. I further certify that the account and that provide shall have the same legal effect as if made under oath; that execute this report as equired by Chapter 607 Florida Statutes; and that my name

Change

Addition

FILED

Jan 24 1997 8:00am

Secretary of State