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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000059911**

1. Corporation Name
MARCO TRADING, INC.

Principal Place of Business
725 MONROE ST.
OLLYWOOD FL 33021

Mailing Address
4725 MONROE ST.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed	08/26/1993

Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0433357	Applied For
			26		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State		City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No
	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
TERREMARK CORPORATE AGENTS INC. 2601 SOUTH BAYSHORE DR. 19TH FLOOR MIAMI FL 33133	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	FL 85 Zip Code

1. 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 signature required when reinstating)   DATE

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE **D**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
ME **SCHULTZ, MARK**		1.2 NAME		
REET ADDRESS **4725 MONROE ST.**		1.3 STREET ADDRESS		
TY-ST-ZIP **HOLLYWOOD FL 33021**		1.4 CITY-ST-ZIP		
TLE **D**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
ME **SCHULTZ, BARBARA**		2.2 NAME		
REET ADDRESS **4725 MONROE ST.**		2.3 STREET ADDRESS		
Y-ST-ZIP **HOLLYWOOD FL 33021**		2.4 CITY-ST-ZIP		
TLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
ME		3.2 NAME		
REET ADDRESS		3.3 STREET ADDRESS		
Y-ST-ZIP		3.4 CITY-ST-ZIP		
LE	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
ME		4.2 NAME		
REET ADDRESS		4.3 STREET ADDRESS		
Y-ST-ZIP		4.4 CITY-ST-ZIP		
LE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
ME		5.2 NAME		
REET ADDRESS		5.3 STREET ADDRESS		
Y-ST-ZIP		5.4 CITY-ST-ZIP		
LE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
IE		6.2 NAME		
REET ADDRESS		6.3 STREET ADDRESS		
-ST-ZIP		6.4 CITY-ST-ZIP		

I 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 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, with all other officers empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)