

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 # **P94000012838 (6)**

1. Corporation Name
STEFAN MARIN CORPORATION



Principal Place of Business: **6309 STIRLING ROAD STE. 250 DAVIE FL 33314**
Mailing Address: **POST OFFICE BOX 291231 DAVIE FL 33329-1231**

3. Date Incorporated or Qualified: **02/16/1994** 3a. Date of Last Report: **05/30/1995**

2. Principal Place of Business: **NOT ACTIVE AT THIS TIME**
2a. Mailing Address: **NOT ACTIVE AT THIS TIME**
21. Suite, Apt. #, etc.: **AT THIS TIME**
22. City & State: **AT THIS TIME**
23. Zip: **AT THIS TIME**
24. Country: **AT THIS TIME**

4. FEI Number: **65-0481912**
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:
**SIEGEL, BERNARD F ESQ.
KILLIAN PROFESSIONAL VILLAGE
10723 SW 104 STREET
MIAMI FL 33176**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

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 filer (if applicable) (NOTE: Registered Agent's name is required when registering)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTINEK, RONALD S	
STREET ADDRESS	P.O. BOX 291231 N/A	
CITY-ST-ZIP	DAVIE FL 33329-1231	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENNETT, CHADLO L	
STREET ADDRESS	P.O. BOX 291231 N/A	
CITY-ST-ZIP	DAVIE FL 33329-1231	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POBIEGLO, CHRISTOPHER L	
STREET ADDRESS	P.O. BOX 291231 N/A	
CITY-ST-ZIP	DAVIE FL 33329-1231	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POBIEGLO, CHRISTOPHER L	
STREET ADDRESS	P.O. BOX 291231 N/A	
CITY-ST-ZIP	DAVIE FL 33329-1231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Ronald Martinek* DATE: **4/30/96** (954) 732-8102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)