

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000012838 (6)**

1. Corporation Name  
**STEFAN MARIN CORPORATION**



Principal Place of Business <b>6308 STIRLING ROAD                  STE. 250                  DAVIE FL 33314</b>	Mailing Address <b>POST OFFICE BOX 291231                  DAVIE FL 33329-1231</b>
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3. Date Incorporated or Qualified <b>02/16/1994</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business 21 <b>1511 NW 90 WAY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0481912</b>	Applied For Not Applicable
22 <b>PEMBROKE PINES FL</b> City & State	27 <b>AS</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>33024</b> Zip	25 <b>USA</b> Country	28 <b>ABOVE</b> Zip	30 <b>FL</b> City
24 <b>33024</b> 25 <b>USA</b> 28 <b>ABOVE</b> 30 <b>FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 <b>33024</b> 25 <b>USA</b> 28 <b>ABOVE</b> 30 <b>FL</b>		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEK, RONALD S</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 291231 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33329-1231</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, CHAD L</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 291231 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33329-1231</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POBIEGLO, CHRISTOPHER L</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 291231 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33329-1231</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POBIEGLO, CHRISTOPHER L</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 291231 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33329-1231</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 19.07(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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 7 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Ronald Martinek DATE \_\_\_\_\_ DAY/MO/PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)