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Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90003 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # ~~650781912~~

1. Corporation Name
STEFAN MARIN CORP.

PA440000

Principal Place of Business Mailing Address
5515 MADISON ST HLWD, FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 5515 MADISON ST 26 SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27
23 HOLLYWOOD, FL 28
City & State

24 33021 25 USA 29 30
Zip Country Zip Country

4. FEI Number Applied For
65-0481912 Not Applicable

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
RONALD S. MARTINEK
5515 MADISON ST.
HOLLYWOOD FL 33021

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: Ronald S. Martinek DATE: 6/14/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for Officers and Directors. All entries are marked 'DELETE' and contain the text 'ALL REMAINS THE SAME'.

Table with 8 rows for Additions/Changes to Officers and Directors. All entries are marked 'Change' or 'Addition'.

14. 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 like employed.

SIGNATURE: [Signature] DATE: 6-7-99 DAYTIME PHONE #: 954.964.4920

CR2E034 (1/198)