

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 # P94000039672 (8)

1. Corporation Name

MARECAL, INC.



Principal Place of Business

2820 N.E. 9TH ST.
POMPANO BEACH FL 33062

Mailing Address

2820 N.E. 9TH ST.
POMPANO BEACH FL 33062

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARECAL, JEAN C
2820 NE 9 STREET
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified

05/26/1994

3a. Date of Last Report

01/24/1995

4. FEI Number

65-0495519

Applied For

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of person submitting this report as agent of the corporation

Signature of person submitting this report as registered agent

DATE

12. OFFICERS AND DIRECTORS

11.1 NAME 11.2 STREET ADDRESS 11.3 CITY, STATE, ZIP	DP MARECAL, JEAN CLAUDE 2820 N.E. 9TH ST. POMPANO BEACH FL 33062	☐ DELETE
11.4 NAME 11.5 STREET ADDRESS 11.6 CITY, STATE, ZIP	S MARECAL, ERIK 2820 N.E. 9TH ST. POMPANO BEACH FL 33062	☐ DELETE
11.7 NAME 11.8 STREET ADDRESS 11.9 CITY, STATE, ZIP		☐ DELETE
11.10 NAME 11.11 STREET ADDRESS 11.12 CITY, STATE, ZIP		☐ DELETE
11.13 NAME 11.14 STREET ADDRESS 11.15 CITY, STATE, ZIP		☐ DELETE
11.16 NAME 11.17 STREET ADDRESS 11.18 CITY, STATE, ZIP		☐ DELETE
11.19 NAME 11.20 STREET ADDRESS 11.21 CITY, STATE, ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME 12.2 STREET ADDRESS 12.3 CITY, STATE, ZIP	☐ Change ☐ Addition
12.4 NAME 12.5 STREET ADDRESS 12.6 CITY, STATE, ZIP	☐ Change ☐ Addition
12.7 NAME 12.8 STREET ADDRESS 12.9 CITY, STATE, ZIP	☐ Change ☐ Addition
12.10 NAME 12.11 STREET ADDRESS 12.12 CITY, STATE, ZIP	☐ Change ☐ Addition
12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, STATE, ZIP	☐ Change ☐ Addition
12.16 NAME 12.17 STREET ADDRESS 12.18 CITY, STATE, ZIP	☐ Change ☐ Addition
12.19 NAME 12.20 STREET ADDRESS 12.21 CITY, STATE, ZIP	☐ Change ☐ Addition

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. 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 01-30-96

DATE

CR2E034 (12/95)