

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

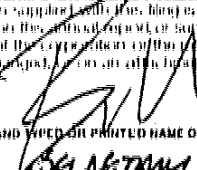
**APPROVED
AND
FILED**

95 MAY -1 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000041546 (0) 1. Corporation Name MARIAMIAMI CORP.			
2. Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 210 MIAMI FL 33131		2a. Mailing Address 501 BRICKELL KEY DRIVE SUITE 210 MIAMI FL 33131	
2. Principal Place of Business 601 BRICKELL KEY DR. Suite Apt # etc 805 City & State MIAMI, FL Zip 33131		2a. Mailing Address 601 BRICKELL KEY DR. Suite Apt # etc ST. 805 City & State MIAMI, FL Zip 33131	
25. U.S.A.		29. U.S.A.	
9. Name and Address of Current Registered Agent ROBERT N. ALLEN, JR., P.A. 501 BRICKELL KEY DRIVE SUITE 210 MIAMI FL 33131			
10. Name and Address of New Registered Agent B1 Name ALLEN, GREGO B2 Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR. B3 ST 805 B4 City MIAMI FL 85 Zip Code 33131			
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. Each 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 ROBERT N. ALLEN, JR. - PRESIDENT DATE 4-28-95			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP 1.5 CHANGE ☐ ADDITION ☒	
2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP 2.5 CHANGE ☐ ADDITION ☐	
3. NAME 4. STREET ADDRESS 5. CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP 3.5 CHANGE ☐ ADDITION ☐	
4. NAME 5. STREET ADDRESS 6. CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP 4.5 CHANGE ☐ ADDITION ☐	
5. NAME 6. STREET ADDRESS 7. CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP 5.5 CHANGE ☐ ADDITION ☐	
6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP 6.5 CHANGE ☐ ADDITION ☐	
14. I, the Secretary, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this Annual Report or Supplemental Annual Report is true and correct 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing. I am attaching it with an affidavit.			
SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-28-95 (45) 372-3300	