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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000041546 (0)**

1. Corporation Name
MARIAMIAMI CORP.

100001476591
-05/05/95--01003--007
****200.00 ****200.00

Principal Place of Business	Mailing Address
501 BRICKELL KEY DRIVE SUITE 210 MIAMI FL 33131	501 BRICKELL KEY DRIVE SUITE 210 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 601 BRICKELL KEY DR.
Suite Apt # etc.
22 805
City & State
23 MIAMI, FL
Zip 24 33131 County 25 U.S.A.

2a. Mailing Address
26 601 BRICKELL KEY DR.
Suite Apt # etc.
27 ST. 805
City & State
28 MIAMI, FL
Zip 29 33131 County 30 U.S.A.

4. FEI Number: 65-0495101 ☐ 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

7. The Corporation has been designated by Under S. 607.0505 Florida Statutes ☑ Yes ☐ No

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

81 Name: ALLEN & GALEGO
82 Street Address (P.O. Box Number is Not Acceptable): 601 BRICKELL KEY DR.
83: ST 805
84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ROBERT N. ALLEN, JR. - PRESIDENT DATE: A-28 95
(If changing Registered Agent, Registered Agent must sign above.)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	11 TITLE: P/D/S ☐ Change ☒ Addition 12 NAME: GUIDI PACE 13 STREET ADDRESS: 601 BRICKELL KEY DR ST 805 14 CITY ST ZIP: MIAMI, FL 33131
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	21 TITLE: S ☐ Change ☐ Addition 22 NAME: ROBERT N. ALLEN, JR. 23 STREET ADDRESS: 601 BRICKELL KEY DR. ST. 805 24 CITY ST ZIP: MIAMI, FL 33131
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	31 TITLE: ☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	41 TITLE: ☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	51 TITLE: ☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	61 TITLE: DP 5\1 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, for the purpose of my being served with process.

SIGNATURE: ROBERT N. ALLEN, JR. A-28 95 (305) 372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

SECRETARY

012000 CP