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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

3/18/97

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P94000054927 (6)**

MARIBOR HOLDINGS, INC

CEY-\$1-76

SIGNATURE:

Principal Place of Business Mailing Address 2899 S BAYSHORE DR SUITE 700 2699 S BAYSHORE DR SUITE 700 MIAMI FL 33133-5425 MIAMI FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 07/25/1994 04/25/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0527401 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPCO INC 2699 S BAYSHORE DR 7TH FLOOR **B2** Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33133 83 RA 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 Signature typed or printed name of registered agent and title If applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS (96/6)12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TIL. F 1.1 TOTLE Change Addition KIBLISKY, ADOLFO JOSE NAME 1.2 NAME C/O 2699 S BAYSHORE DR 7TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-Zif 1.4 CITY-ST-ZIP DELETE Change THEF 2.1 TITLE Addition NAME 2.2 NAME STREET ACCORESS 2.3 STREET ADDRESS CITY-ST-ZIE 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change Addition 100 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-7IP DELETE THEF 5.1 TITLE Addition NAME 5.2 NAME STHEET ADDRESS 5.3 STREET ADDRESS 0FY-\$1-7P 5.4 CITY - ST-ZIP THEF DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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.

Adolfo J. Kiblisky, Pres.