

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

**FILED**

**Mar 31 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000056047 (1)**

1. Corporation Name  
**MARKWELL FLORIDA, INC.**



Principal Place of Business: **13090 NW 43RD AVE. OPA LOCKA FL 33054**  
Mailing Address: **13090 NW 43RD AVE. OPA LOCKA FL 33054-4428**

3. Date Incorporated or Qualified: **07/28/1994**  
3a. Date of Last Report: **04/02/1996**  
4. FEI Number: **65-0518098** 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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**GUTIERREZ, MARCOS M.  
16319 NW 84TH ST.  
MIAMI FL 33016**

**10. Name and Address of New Registered Agent**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GUTIERREZ, MARCOS M JR.</b>	
STREET ADDRESS	<b>16319 N.W. 84TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33016</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRIOS, MARIA E</b>	
STREET ADDRESS	<b>11740 S.W. 13TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>OPLAND, SAMUEL</b>	
STREET ADDRESS	<b>88 PEREGRINE ROAD</b>	
CITY-ST-ZIP	<b>NEWTON MA 02159</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ROZOWSKY, SAUL</b>	
STREET ADDRESS	<b>1204 WINDSOR DRIVE</b>	
CITY-ST-ZIP	<b>FRAMINGHAM MA 01701</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 subsequent 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with my address.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Corporate Phone #** **(305) 887-0876**

CR2E034 (9/96)