

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056047

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

Suite, Apt. #, etc.

23

28

City & State

24

29

City & State

25

30

Zip

26

31

Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GUTIERREZ, MARCOS M JR.
16319 N.W. 84TH ST.
MIAMI FL 33016

DELETE

1.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
BARRIOS, MARIA E
11740 S.W. 13TH ST.
MIAMI FL 33184

DELETE

2.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
OPLAND, SAMUEL
88 PEREGRINE ROAD
NEWTON MA 02159

DELETE

3.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
ROZOWSKY, SAUL
1204 WINDSOR DRIVE
FRAMINGHAM MA 01701

DELETE

4.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

Change

Addition

14. I 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, with all other like empowered.

SIGNATURE: *Maria E. Barris* /-1599 (305) 687-0376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)