

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

* PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000090715 (1)**

1. Corporation Name

MARPI CORPORATION



Principal Place of Business

**14260 S.W. 119TH AVENUE
MIAMI FL 33186**

Mailing Address

**14260 S.W. 119TH AVENUE
MIAMI FL 33186**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PARLADE, ALBERTO J
3850 S.W. 87TH AVE.
SUITE 207
MIAMI FL 33165**

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0547728

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

10. Name and Address of New Registered Agent

81 Name

Emilio F. Martinez

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

14260 S.W. 119 Avenue

83

84 City

Miami-

FL

85 Zip Code

33186

11. Pursuant to the provisions of Sections 607.08(2) 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 607.08(2), Florida Statutes.

SIGNATURE

[Signature]

Signature of Registered Agent required when first filing

1-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	MARTINEZ, EMILIO F	
STREET ADDRESS	14260 S.W. 119TH AVENUE	
CITY, ST, ZIP	MIAMI FL 33186	
TITLE	VD	☐ DELETE
NAME	MARTINEZ, CARLOS E	
STREET ADDRESS	14260 S.W. 119TH AVENUE	
CITY, ST, ZIP	MIAMI FL 33186	
TITLE	D	☐ DELETE
NAME	PINO, SERGIO	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	PINO, CARLOS	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY, ST, ZIP	MIAMI FL 33144	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am attaching with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 (305) 233-6716

DATE

Daytime Phone #

CR2E034 (12/95)