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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000006675 (9)

MAKRO, CORPORATION

Principal Place of Busines	Principal	Place	of	Business
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Mailing Address



	NTAIN BLUE BOULEVARD. #214 ACH FL 33172	9441 FOUNTAIN BLU MIAMI BEACH FL 331			
				3. Date incorporated or Qualified 01/23/1995	3a. Date of Last Report
	ice of Business 7 NW 72 AUE	2a. Mailing Address 26 4727 N	W 72 A	4. FEI Number 064 98	3 9 9 Applied Fo
_ Suite, Apt. :	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition
2		27		9. Certificate of Status Desired	Fee Required
City & State	IMI, FL	City & State  28 MIAMI	FL.	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zp 33	166 25 DADE	29 33166	30 OADE		s 💢 No
	9. Name and Address of Current	Registered Agent	O1 None	10. Name and Address of New	Registered Agent
RAMIE	REZ, FRANK		81 Name	JUAN CARLOS '	MENES
9441	Fountain blue Boulevard, # Beach Fl 33172	F214		odress (P.O. Box Number is Not Accepta	ible)
****	02/01/2 00//2		84 City <b>f</b>	), A A T-A-T- (A )	R5 Zin Code .
11 Durament t	o the provisions of Sections 607 of on	7.7.1500 57.34.04	' 1	MACHINIO	FL   333)1
or register	ed agent, ir both, in the State of lorid	and 707.1508, Horida Statutes a. Such change was arithorized	s, the above named corp d by the corporation's b	poration submits this statement for the pupper of directors. I hereby accept the app	urpose of changing its registered i pointment as registered agent, I a
	h, and adcept the obligations of Secution	Dr. 1505 (Florida/Statutes.		, , ,	<b>y</b> y
SIGNATURE _	JW. 6914				
	Signature apped or printed come & to the of age of	NOTE / NOTE	Bogistered Agent signature red	quirekt when reinstating)	DATE
12.	OF ICERS AND	DIRECTORS	Registered Agent signature req		DATE FICERS AND DIRECTORS IN 12
I2.	OFFICERS AND		**	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12 Change Add I
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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.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF CER OR DIRECTO

05/08/96 305, 640, 0360