

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006675 (9)

1. Corporation Name

MAKRO, CORPORATION



Principal Place of Business

9441 FOUNTAIN BLUE BOULEVARD, #214
MIAMI BEACH FL 33172

Mailing Address

9441 FOUNTAIN BLUE BOULEVARD, #214
MIAMI BEACH FL 33172

3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4727 NW 72 AVE

26 4727 NW 72 AVE

4. FEI Number

65-0649899

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33166

25 DADE

29 33166

30 DADE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMIREZ, FRANK

9441 FOUNTAIN BLUE BOULEVARD, #214
MIAMI BEACH FL 33172

81 Name

JUAN CARLOS VIMENEZ

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

6800 CYPRESS RD, #413

83

84 City

PLANTATION

FL

85 Zip Code

33317

11. Pursuant to the provisions of Sections 607.0092 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 607.009, Florida Statutes.

SIGNATURE

Signature of agent or printed name of agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RAMIREZ, FRANK
STREET ADDRESS 9441 FOUNTAIN BLUE BOULEVARD, #214
CITY-ST-ZIP MIAMI BEACH FL 33172

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition
DELETE
RAMIREZ, FRANK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition
PS
JUAN CARLOS VIMENEZ
6800 CYPRESS RD, #413
PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition
V
JUAN GONZALO ANGEL
900 HARBOR DR.
MIAMI, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

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, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/96 305.640.0360
Date: Daytime Phone #

CR2E034 (12/95)