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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT #

P95000016190 (7)

MARNI	CORPORATION				1/0/ 1/0/4 0//40 //0/P (#/// 00// /4/)
Principal Place of Business 8011 S.W. 157TH PLACE MIAMI FL 33193		Mailing Address 8011 S.W. 157TH PLACE MIAMI FL 33193			
				3. Date Incorporated or Qualified 3a. 02/27/1995	Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		#65-0559008	Not Applicable
30ite, Apr. #	, etc.	27 Stille, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip III	Country	Zip	Country	8. This corporation has liability for intangil	
24	25 9. Name and Address of Curre	29	30	f lorida Statutes 🔣 Yes 🔲 N	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
SEQUEIR	RA, MARVIN E				
8011 S.W. 157TH PLACE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33193			83		
	, 55 (62				
			84 City		FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	noa. Such change was author	rized by the comporation's bo	oration submits this statement for the purpose c aird of directors. I hereby accept the appointmen	f changing its registered office
SIGNATURE _					
s	Signature, typied or printed manie of registered agen		NOTE Registered Agent signature requi-		
TITLE	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	SEQUEIRA, MARVIN E	LJoinn	1. 1 T/TLE 1.2 NAME		Change Addition
STREET ADDRESS	8011 S.W. 157TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		1.4 CITY - ST - ZIP		
THLE	SD	DELETE	2 1 VILE		Change Addition
NAME	sequeira, niatieska a		2.2 NAME		
STREET ADDRESS	8011 S.W. 157TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		2.4 City - St - ZiP		
TITLE		DELFTE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STHEET ACCORESS		
TITLE		DELETE	3.4 CHY ST-ZIP 4.1 THLE		Change C Addition
NAME		[] Section	4 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
City-S1-ZiP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		·	5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STHEET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP	and it, that the information numbined	· · · · · · · · · · · · · · · · · · ·	6.4 CITY - ST - 7IP	7	
certify that to oath; that to appears in	the information indicated on this annuam an officer or director of the corpor Block 12 or Block 13 if changed or	ual report or supplemental ar pration of the receiver or true on an attachment with aread	rnished and does not qualify noual report is true and accur to e empowered to execute to litress.	for the exemption stated in Section 119.07(3)(k rate and that my signature shall have the same I tris report as required by Chapter 607, Flonda S	i, Florida Statutes: Frunner egal effect as if made under tatutes; and that my name

PICER OR DIRECTOR

President

03/19/96 (305)380-6187...