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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000037783 (4)

1. Corporation Name:

MURAM INVESTMENTS HOLDING COMPANY, INC.



Principal Place of Business
485 LEUCANDENDRA DRIVE
CORAL GABLES FL 33143

Mailing Address
485 LEUCANDENDRA DRIVE
CORAL GABLES FL 33156-2367

3. Date Incorporated or Qualified
05/12/1995

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TRELLES, ALBERTO N ESQ.
999 PONCE DE LEON BLVD. STE 1000
CORAL GABLES FL 33143

4. FEI Number
65-0597088

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Alberto N. Trelles

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 31, 1997

12. OFFICERS AND DIRECTORS

TITLE

PD
MURCIANO, ALFREDO
485 LEUCADENDRA DRIVE
CORAL GABLES FL 33143

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V
MURCIANO, MIGUEL
485 LEUCADENDRA DRIVE
CORAL GABLES FL 33143

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

S
MURCIANO, EMILIA
485 LEUCADENDRA DRIVE
CORAL GABLES FL 33143

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

T
MURCIANO, CRISTINA
485 LEUCADENDRA DRIVE
CORAL GABLES FL 33143

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Alberto N. Trelles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 1997

Date

Daytime Phone # 0212383

CR2E034 (9/96)