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FILED
May 01 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 # P95000039550 (5)

1. Corporation Name

MARINO'S GROUP, INC.

Principal Place of Business

2980 CORAL WAY
MIAMI FL 33145

Mailing Address

1780 CORAL WAY, SUITE 200
MIAMI FL 33145-2782

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. # etc. 26 16501 N.W. 16 Court

4. FEI Number
65-0594639

Applied For
Not Applicable

22 City & State

23 Miami FL

24 33145

Country

27 Suite Apt. #, etc.

28 Miami FL

29 33169

Country

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

MARTIN, GLORIA
1780 CORAL WAY, SUITE 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name GLORIA MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)
16501 N.W. 16 Court

83

84 City Miami

FL 85 Zip Code 33169

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME PIJEIRA, ROBERTO
STREET ADDRESS 2980 CORAL WAY, SUITE 200
CITY-ST-ZIP MIAMI FL 33145

TITLE COB ☐ DELETE
NAME SUAREZ, AMANCIO V
STREET ADDRESS 7280 LAGO DRIVE WEST
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE STD ☒ DELETE
NAME SUAREZ, AMANCIO J
STREET ADDRESS 158 ISLA DORADA BLVD.
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PIJEIRA, MARINO ☒ Change ☐ Addition
1.2 NAME 16501 N.W 16 CT
1.3 STREET ADDRESS Miami, Fla 33169
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 16501 N.W 16 CT
2.3 STREET ADDRESS Miami Fla 33169
2.4 CITY-ST-ZIP

3.1 TITLE ST GARCIA, LISSETTE ☐ Change ☒ Addition
3.2 NAME 16501 NW 16 CT
3.3 STREET ADDRESS Miami Fla 33169
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

305-621-4227

Daytime Phone

0203318

CR2ED34 (9/96)