FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000042045 (1)**

1. Corporation Name

MARCAT INTERNATIONAL, INC.

Principal Place of Business

201 ALHAMBRA CIR
SUITE 502
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIR
SUITE 502
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **05/30/1995**

3a. Date of Last Report:

4. FEI Number: **65-0617343** [ ] 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. 199.042, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 201 Alhambra Circle
22 Suite, Apt. #, etc.: Suite 711
23 City & State: Coral Gables, Fl
24 Zip: 33134 25 Country: USA

2a. Mailing Address
26 201 Alhambra Circle
27 Suite, Apt. #, etc.: Suite 711
28 City & State: Coral Gables, Fl
29 Zip: 33134 30 Country: USA

9. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R
201 ALHAMBRA CIR
SUITE 502X 711
CORAL GABLES FL 33134

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: Signature of Current Registered Agent or New Registered Agent DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: LOVERA DE ILLAN, CATHERINE
STREET ADDRESS: 201 ALHAMBRA CIR SUITE 502X 711
CITY ST ZIP: CORAL GABLES FL 33134
[ ] DELETE

TITLE: VD
NAME: ILLAN, ALEJANDRO
STREET ADDRESS: 201 ALHAMBRA CIR SUITE 502
CITY ST ZIP: CORAL GABLES FL 33134
[X] DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
[ ] DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
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TITLE:
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[ ] DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY ST ZIP:
[ ] Change [ ] Addition

21 TITLE: V/D
22 NAME: MARIA DEL ROSARIO PEREZ
23 STREET ADDRESS: Calle Macareo No. 1240
24 CITY ST ZIP: La Trinidad, Caracas, VENEZUELA
[X] Change [ ] Addition

31 TITLE:
32 NAME:
33 STREET ADDRESS:
34 CITY ST ZIP:
[ ] Change [ ] Addition

41 TITLE:
42 NAME:
43 STREET ADDRESS:
44 CITY ST ZIP:
[ ] Change [ ] Addition

51 TITLE:
52 NAME:
53 STREET ADDRESS:
54 CITY ST ZIP:
[ ] Change [ ] Addition

61 TITLE:
62 NAME:
63 STREET ADDRESS:
64 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)(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 this 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] President/Director 3-22-96 305 444-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)