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PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134 US	201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134-5108 US

3. Date Incorporated or Qualified: 05/30/1995
3a. Date of Last Report: 04/11/1996
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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 995 SR 434 N
Suite, ~~Apt. #, etc.~~
22 217
City & State
23 ALTAMONTE SPRINGS
Zip 24 32714 Country 25 SEMINOLE

2a. Mailing Address
26 995 SR 434 N
Suite, ~~Apt. #, etc~~
27 217
City & State
28 ALTAMONTE SPRINGS FL
Zip 29 32714 Country 30 SEMINOLE

9. Name and Address of Current Registered Agent
RAPPORT, STEPHEN R
201 ALHAMBRA CIR
SUITE 502
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name RAPPORT STEPHEN R.
82 Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE
83 SUITE 711
84 City CORAL GABLES FL 85 Zip Code 33134

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: Catherine Illan 3-13-97.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOVERA DE ILLAN, CATHERINE 201 ALHAMBRA CIR SUITE 502 CORAL GABLES FL 33134 ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☒ Change ☐ Addition 433 LOS ALTOS WAY #203 ALTAMONTE SPRINGS FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEREZ, MARIA DEL ROSA CALLE MACAREO NO 1240 LA TRINIDAD CARACAS VE ☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☒ Change ☐ Addition 433 LOS ALTOS WAY #201 ALTAMONTE SPRINGS FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: X Catherine Illan 3/13/97 (407) 786 6705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182524