

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
MARLIN TRANSFER SERVICE, INC.



5209 N.W. 7TH AVE.
#215
MIAMI FL 33166

5209 N.W. 7TH AVE.
#215
MIAMI FL 33166

3a. Date of Last Report

2a. Mailing Address
26 P.O. Box 832284
Suite, Apt. #, etc.

27 _____
City & State

28	MIAMI FL
Zip	Country

29 33283 2284 30 U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

FLORES, NORA M
9420 S.W.61ST ST.
MIAMI FL 33173

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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, typed or printed name of registered agent and title, if available.

NOTE: Registered Agent's signature required when registering.

[14]

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	FLORES, NORA M	
STREET ADDRESS	9420 S.W. 61ST ST.	
CITY - ST - ZIP	MIAMI FL 33173	

TITLE		<input type="checkbox"/> DELETE
NAME	FLORES, NORA M	
STREET ADDRESS	9420 S.W. 61ST ST.	
CITY, ST, ZIP	MIAMI FL 33173	

CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
--	---------------------------------

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		

3 1 TITLE ☐ Change ☐ Addition

3 2 NAME

3 3 STREET ADDRESS
300001749229
-03/19/96--01075--0000

3 4 CITY - ST - ZIP

4.1 TITLE ***200.00 ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME J2
6.3 STREET ADDRESS 3-19
6.4 CITY - ST - ZIP

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)(k), 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

Nora M. Flores
DIRECTOR

3/1/90

595-7330
Darlene Fritze

CR2E034 (12/95)