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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000049581 (8) **DOCUMENT #** 

1. Corporation Name  MARLIN TRANSFER SERVICE, INC.					
Principal Place of Business N. 5209 N.W. 7TTH AVE. #215 MIAMI FL 33166		Mailing Address 5209 N.W. 7TTH AVE. ∳215 MIAMI FL 33166	<del></del>	. 1201/221 (12 1010/ 2111/ 2011) 30111 92111 9311 (210) 2119/ 1235 (10) 2119/ 1235 (10) (10)	
				3. Date loop rugrated or Qualified 06/26/1995	3a. Date of Last Report
2. Principal Pla		2a. Mailing Address	7277.06	4. FEI Number 65-059036	Applied For
21   <i>3 2 07  </i> Suite, Apt. #	ν <u>ω· 74 Αν</u> ε <sub>1,etc.</sub>	26 <b>P.O.BOX</b> S Suite, Apt. #, etc.	1000		\$8.75 Additional
22 215		27		5. Certif-cate of Status Desired	Fee Required
City & State	4	28 17 1 957 / F	L	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>Zip</sup> 33,	Country		30] U.S.A .	This corporation has liability for Florida Statutes	; <b>№</b> No
_ 7			81 Name		
	S, NORA M		82 Street Add	ress (P.O. Box Number is Not Acceptat	yle)
	S.W.61ST ST. FL 33173				, 
- WHAMII	FL 30173		83		
•			84 City		FL 85 Zip Code
11. Fursuant to	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori	z and 607.1506, Florida Statutes,	, the above hamed corpor	ration submits this statement for the put	rpose of changing its registered office
familiar with SIGNATURE	h, and accept the obligations of, Seci	tion 607.0505, Florida Statutes.	I by the corporation's boa		Ointment as registered agent. I ans
familiar with SIGNATURE	h, and accept the obligations of, Sect Signature, typed or printed name of registered again OFFICERS AN	tion 607.0505, Florida Statutes.			DAH
familiar with	h, and accept the obligations of, Sect  Big into a typed or philied name of registered agen  OFFICERS AN	tion 607,0505, Florida Statutes.	- Flegistized Agent signature require	alikose rienstatogi	DAH
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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

NO YOU AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR