

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000066240 (9)

1. Corporation Name

MARINER HOLDINGS, INC.



Principal Place of Business

1250 S.W. 102ND AVENUE
PEMBROKE PINES FL 33025

Mailing Address

1250 S.W. 102ND AVENUE
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified
08/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 21000 NE 28 AVE

26 21000 N.E. 28th Ave.

4. FEI Number

Applied For

Not Applicable

22 Suite, Apt. # etc.

27 Suite, Apt. #, etc.

23 202

28 Suite 202

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

24 MIAMI FL

28 Miami, FL 33180

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

25 33180

26 DADE

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARLOWE, RONALD J
2601 S. BAYSHORE DR.
19TH FLOOR
MIAMI FL 33133

81 Name

ABRAHAM PARDES

82

Street Address (P.O. Box Number is Not Acceptable)

21000 NE 28 AVE

83

SUITE 202

84

City MIAMI

FL

85

Zip Code 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Abraham Parades

ABRAHAM PARDES Pres.

12/26/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSTD

☐ DELETE

NAME

PARDES, ABRAHAM

STREET ADDRESS

1250 S.W. 102ND AVE.

CITY-STATE-ZIP

PEMBROKE PINES FL 33025

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

21000 N.E. 28th Avenue, #202
Miami, FL 33180

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

Date

Daytime Phone #

CR2E034 (12/95)