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

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # P95000072376 (3)

MARCO	) & VEGA ASSOCIATES, (	INC.				
Principal Place of 2843 S.W. 23 MIAMI FL 331	D STREET	Maling Address 2843 S.W. 23D STRI MIAMI FL 33145	2843 S.W. 23D STREET		1 (4815897 (10 1810) Still Adult Still Salit 10010 (1114 10010 1114 10010 1114	
					3. Date Incorporated or Qualifie 09/19/1995	3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address	2a. Maling Address		4 EELNiumbor	Monlead For
1		2a. Maling Address 26   1800 S.W.   5 T Suite, Ant. #, etc. 27   5 SVITE 312		65-0610	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3		28 M/AM	//	· <u>C</u>	1 rust Fund Contribution	Added to Fees
Zip 24	Country <b>25</b>	29 33/35	30] Cour	ADE	Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent		OS None	10. Name and Address of Ne	w Registered Agent
				81 Name		
RECINOS, MARCO A 2843 S.W. 23RD STREET				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MAMIF	- ·			83		
MICANI I	L 30143			84 City		85 Zip Code
						FL 85 Zip Code purpose of changing its registered office
SIGNATURE	gname: pod or product to a city consect as OFFICERS At	ND DIRECTORS	13.	Agosal Superior of to person		DEFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1, 1 11			Change Addition
NAME OTDEST LDDDSGG	RECINOS, MARCO A		12 NA	ME KEET ADORESS		
STREET ADDRESS CITY - ST - ZIP	2843 S.W. 23RD STREET MIAMI FL 33145			Y-S1-Z#		
TITLE	VD	DELETE	2 1 1			Change Addition
NAME	VEGA, DOMINGO		2.2 NA	ME		
STREET ADDRESS	2843 S.W. 23RD STREET		2 3 ST	REET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33145	E3 pp. str		Y - ST - ZIP		Cruses El Addition
TITLE		DELETE	3 1 7			Criange Maddition
NAME STREET ADDRESS			3 2 NA	ME REET ADDRESS		
CITY - ST - ZIF				Y-ST-ZIP		
TITLE		☐ DELETE	4 1 1)			Change Addition
NAME			4.2 NA	ME		
STREET ADDRESS			4351	REET ADDRESS		
CITY-ST-ZIP		F) BULL	_	Y-SI-ZIP		Change Addition
THILE		☐ DELETE	5 1 H			☐ Change ☐ Addition
NAME STREET ADDRESS			5 2 NA	ME REF1 ADORESS		
CITY-ST-ZIP				IY-S1-ZIP		
TITLE		☐ DELETE	6 1 1			Change Addition
NAME			62 M	MĒ		
STREET ADDRESS			6381	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		MI
certify that	the information indicated on this an	nual report or supplemental a	nnual report i dea embowei	s true and accura	te and that my signature shall have	119.07(3)(k), Florida Statutes, Hurther the same legal effect as if made under 7, Florida Statutes; and that my name

SIGNATURE: A HACCOL

TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

[1.56 Day\* me Phone #