

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000082331 (6)**

1. Corporation Name

MARIANNE DE PORTOCARRERO ANTIQUES, INC



Principal Place of Business

7031 SW 47 ST
MIAMI FL 33155

Mailing Address

7031 SW 47 ST
MIAMI FL 33155

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PORTOCARRERO, MARIANNE DE
7031 SW 47 ST
MIAMI FL 33155

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report

4. FEI Number

65-0615424

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: PORTOCARRERO, MARIANNE DE
STREET ADDRESS: 1990 BRICKELL AVE, APT E
CITY-ST-ZIP: MIAMI FL 33129

TITLE: STD
NAME: DIAZ-RIGANTI, CARLOS A
STREET ADDRESS: 1990 BRICKELL AVE, APT E
CITY-ST-ZIP: MIAMI FL 33129

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. 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: *Marianne de Portocarrero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3'02'96

668-2F10

CR2E034 (12/95)