FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000082703 (6) MARCOS ART, CORP. Principal Place of Business Mailing Address 4095 S.W. 137TH AVE. 9010 SW 137 AVE. DO NOT WRITE IN THIS SPACE MIAMI FL 33172 MIAMI FL 33186 3. Date Incorporated or Qualified 10/27/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0616021 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VANEGAS, MARCOS 9010 S.W.1 37TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 113** 83 **MIAMI FL 33188** City Zip Code Sections 60x 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered discount the objugations of Section 607.0505, Florida Statutes. 11. Pursuant to the provision SIGNATURE (NOTE: Registered Agent signature requi hen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE Change Addition THILE PD NAME VANEGAS, MARCOS 1.2 NAME 4095 S.W. 137TH AVE. #8 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP 1.4 City-St-7IP DELETE 2.1 TITLE Change Addition TITLE VANEGAS, MARTHA C 2.2 NAME STREET ADDRESS 4095 S.W. 137TH AVE., #8 2.3 STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP 2. 4 CITY+ST-ZIP DELETE Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE

62 NAME

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 goestwor or fusione emptyeered 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.

6.3 STREET ADDRESS 6.4 City-St-ZiP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: