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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000090723 (4)

1. Corporation Name  
MARCONI ENTERPRISES, INC.



Principal Place of Business  
800 WEST OAKLAND PARK BLVD.  
WILTON MANORS FL 33311

Mailing Address  
800 WEST OAKLAND PARK BLVD.  
WILTON MANORS FL 33311-1602

3. Date Incorporated or Qualified 11/29/1995  
3a. Date of Last Report 11/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMSTER, STEVEN ESQ.  
412 S.E. 23RD STREET  
FORT LAUDERDALE FL 33316

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME GOMEZ, MARCELO  
STREET ADDRESS 800 WEST OAKLAND PARK BLVD.  
CITY-ST-ZIP WILTON MANORS FL 33311

☐ DELETE

TITLE VD  
NAME GOMEZ, COSTANZA  
STREET ADDRESS 4900 N. OCEAN BLVD., APT. 1008  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ DELETE

TITLE V  
NAME GOMEZ, XIMENA  
STREET ADDRESS 4900 N. OCEAN BLVD., APT. 1008  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ DELETE

TITLE V  
NAME GOMEZ, NICHOLAS  
STREET ADDRESS 4900 N. OCEAN BLVD., APT. 1008  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 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 13-4 changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten signatures]*

4-29-97 (951) 531-0059

CR2E034 (9/96)