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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1.	Corporation Name MARCONI ENTE		0008	<i>5012</i> 3 ((*)			E LOCANICAN DE DEUE ANDE BEUL ABRIE AREU DA MA HAR	N OORIN KORIK HAAAN IKKI NORI	
Principal Place of Business Mailing Address 900 WEST OAKLAND PARK BLVD. 900 WEST OAKLAND PARK BLVD.										
W	ilton Manors FL 333	191	,	WILTON MANORS F	FL 33311			DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 11/29/1995	SPACE	
Principal Place of Business The Place of Business The Place of Business			2a 26	ta. Mailing Address				4. FEI Number 65-0626136	Applied For Not Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip	Country 25	29	Zip	30 Co	untry	······································		Yes No	
9. Name and Address of Current Registered Agent AMSTER, STEVEN ESQ. 412 S.E. 23RD STREET FORT LAUDERDALE FL 33316					81 82 83		10. Name and Address of New Registered ass (P.O. Box Number is Not Acceptable)	cceptable)		
						84	City		85 Zip Code	

SIGNATURE	Signature typed or printed name of registered agent and title if ap	olicatile (NOTE	Registered Agent signature requ	lred when reinstating)	DATE	
12.	OFFICERS AND DIRECTO		13.		O OFFICERS AND DIRECTORS	3 IN 12
TITLE	DP	DELETE	1.1 TITLE	, <u></u>	☐ Change	Addition
NAME	GOMEZ, MARCELO		12 NAME			
STREET ADDRESS	900 WEST OAKLAND PARK BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	WILTON MANORS FL 33311		1.4 CITY-ST-ZIP			
TITLE	VD	DELETE	2.1 TITLE		Change	Addition
NAME	GOMEZ, COSTANZA		2.2 NAME		•	
STREET ADDRESS	4900 N. OCEAN BLVD., APT. 1008		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2. 4 CITY - ST - ZIP			
TITLE	V	DELETE	3.1 TITLE		Change	Addition
NAME	GOMEZ, XIMENA		3.2 NAME			
STREET ADDRESS	4900 N. OCEAN BLVD., APT. 1008		3 3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL 33308		3.4. CITY-ST-ZIP			
TITLE	V	DELETE	4.1 TITLE		☐ Change	Addition
NAME	GOMEZ, NICHOLAS		4. 2 NAME			
STREET ADORESS	4900 N. OCEAN BLVD., APT. 1008		4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY CT TID			CADITY DY 70D			

14. Thereby 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 recover of 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 appear of trustee.

SIGNATURE:

FILED

May 06 1998 8:00am

Secretary of State