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

DOCUMENT # P95000095066 (3)

MARENGO, INC.

FILED Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				### #### #### #### #### ##############	
1000 PONCE DE LEON BLVD.		1000 PONCE DE LEON BLVD.			
SUITE 100		SUITE 100			
CORAL GABLES FL 33134		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE	
				3, Date Incorporated or Qualified	
2. Principal Pi	ace of Business	2a, Mailing Address		12/14/1995 4. FEI Number	Applied For
21	300 C. 23 (11),000	26		65-0396878	Not Applicable
Suite, Apt	W, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	[25]	[29]	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	9. Name and Address of Curren	i Negisiered Agent	81 Name	10. Name and Address of New Registers	a Agent
	IESON, SUTTON S		, name		
2655 LEJEUNE ROAD, PH II			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FOURTH FLOOR CORAL GABLES FL 33134			83		
COI	HAL GADLES FL 33134				
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation					
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, typoid or printed name of regestered agent and title if applicable [NOTE Registered Agent signature rec				red when reinstating) DATE	
12.	ÓFFICERS ANT		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELE TE	1.1 TITLE		Change Addition
NAME	KELLER, DIETER	61.PT	1.2 NAME		
STREET ADDRESS	1000 PONCE DE LEON BLVD.	, SUITE 100	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	Deriver	1.4 CITY-ST-ZIP		Change Addition
TITLE	D HALLED HALLAND	DELETE	2 1 TITLE		Change L Addition
NAME	KELLER, JULIANE 1000 PONCE DE LEON BLVD.	CHITE 100	2.2 NAME		
STREET ADDRESS	CORAL GABLES FL 33134	, SUITE TOU	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CONAL GADELS IL SS104	DELETE	2. 4 CITY - ST - ZiP 3.1 TITLE		Change Addition
NAME		hand area or a	3.2 NAME		· · · · · · · · · · · · · · · · · ·
STREET ADDRESS			3.3 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		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		·····	5.4 CHY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 supplier pental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the occupration or the occurrent rustee 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 any interchment with an address.

CIONATURE.

les alles, Presiden

Jan 23, 1998

RZE034 (10/97)