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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000010642 (2)

MARLIN SUB, INC.


Mailino Address

FILE D

97 MAY 16 PH 12: 11

SECRETARY OF STATE TALLAHASSEE FLORIDA



Principal mace	e or posiness	Mailing Address		· ·		
	GUTIERREZ, ESQ. FORE DRIVE SUITE 1600	% NICOLAS J. GUTIERREZ. E 2001 S. BAYSHORE DRIVE: 6		,		
-MIAMILEL 3313	<del></del>	MIAMI FL 33133-5413	*		•	
				3. Date Incorporated or Qualified 02/02/1996	3a. Date of Last Report	1
2. Principal Pl	Page of Bysings AUP	2a. Mailing Address 26 RM(cKe	II AID.	4. FEI Number	Applied Not App	
Suite, Apit.	Calle DAEN	Suite, Apt. #, etc.	NA EX	5. Certificate of Status Desired	\$8.75 Addition	ional
City & State	STO DE DE	City & State	- <del>                                     </del>	6. Election Campaign Financing	\$5.00 May	
23 Zip 10 h	Abo Country 1-10	28 VIIIVII	Country   U Y	Trust Fund Contribution	Added to Fee	
24] <sup>(*)</sup> G	3434 25 N.J.H	29 33131 30	7 (1. <b>\</b> 71		Yes 1810	.032,
	9. Name and Address of Current R		81 Name	10. Name and Address of New Re	gistered Agent	
	-registered agent-corporati 1-s: Bayshore-drive-	UN.	81 Name	LOWING O CONTINUES T	N. Edu.	
	TE 1800		82 Street	Carlon's (PO) Flox Number 13 No. Acceptat	ie) J	]
- MIAMI FL - 83189			63	ANN AL		
-			84 City	Sie put	85 Zip Gode	ha
	207.07.00	10074500 5:		10(197A) 17_		<u> </u>
office or r	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of	no 607,1508, Florida Statutes, Florida, Such change was aut	the above-named horized by the corp	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its regis of the appointment as regis	stered
	imitan lihir with alles accept the obligation	ins of, Soction 607.0005, Florid	K. T. C. WILDI	harding Mr. The	Asout LEN41A+	7
SIGNATURE	Signature, typici or printed nativo of logistered agent a	nd true pipit ple (NOTE: R	egistered Agent signature	required when reinstitling)	1 <del>/1/2/1/1</del>	4
12.	OFFICERS AND D		13.	ADDITIONS/OHANGES TO OFFIC		
TITLE	D Paravagna, Carlo	☐ DELETE	1,1 TITLE		☐ Change	Addition
NAM:	VIA L. CANEPA 6		1.2 NAME 1.3 Street address	·		
STREET ADDRESS CITY-ST-ZIP	16165 GENOVA, ITALY		1.4 CITY-ST-ZIP		_	
MLE	D	☐ DELETE	2.1 TITLE	<b>9</b>	X Change ☐	Addition
NAME	-BEGLIRISTAIN, ALBERTO J DR.		2.2 NAME	Dr. Alberto J. Beguinistail	Λ. 🗀	
STREET ADDRESS	5001-9.W. 88TH STREET		2.3 STREET ADDRESS	701 Brickel Mue. Ste	. 215b	
CITY-ST-7IP	MIAMI FL 83150		2.4 CITY-ST-ZIP	Miami, F. 23131		
THILE		☐ DELETE	3.1 TITLE		L. Change	Addition
NAME CONSTRUCTION		"	3.2 NAME 3.3 STREET ADDRESS			ļ
STREET ADDRESS   CITY-ST-ZIP		1	34. CITY-ST-ZIP			}
HILE		☐ DELETE	4.1 TITLE		☐ Change ☐	Addition
NAME			4. 2 NAME	ECDOC21	89005	-3
STREET ADDRESS		•	4 3 STREET ADDRESS	-05/22/	L <b>8900</b> 5 '9701136003	3
CITY - ST - ZIP			4.4 CiTY-ST-ZIP	***345	6 25 <u>*****165</u>	
TITLE		DELETE	5.1 TITLE		Change	MODIDA
NAME			5.2 NAME			]
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐	Addition
NAME		<del>_</del>	6.2 NAME		- <del>-</del>	ļ
STREET ADDRESS			6.3 STREET ADDRESS	·		
CHY-S1-ZIP			64 CITY-ST-ZIP			

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 thickanged, or on an attachment with an address.

SIGNATURE

\$15)266-3800