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 #

P96000036872 (5)

MARGABBY'S, INC.

FILED May 06 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 16224 SW 79TH TER. 16224 SW 79TH TER. MIAMI FL 33193 MIAMI FL 33193 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0661497 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PINTO, JOHN G 16224 SW 79TH TER. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33193** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE TITLE 1.1 TITLE 1.2 NAME NAME PINTO, JOHN G 16224 SW 79TH TER. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33193** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME PINTO, MARGARITA M 22 NAME STREET ADDRESS 16224 SW 79TH TER. 2.3 STREET ADDRESS **MIAMI FL 33193** CITY-ST-ZIP 2. 4 City-St-ZiP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St - ZIP CITY - SY - ZIP ☐ Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I 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 if chapter 607, after an address.

SIGNATURE