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 # P9600038583 (6) MARCELO BAIL BONDS INC.

Princi		

FILED Jun 16 1997 8:00am Secretary of State



Principal Place of Busi	pal Place of Business Mailing Address				IFFI BOIDE IIIAI IEI		JO LITT FORM		
1524 NW 14TH AVENUE MIAMI FL 83125		1524 NW 14TH AVENUE Miami FL 33125-1618							
					3. Date Incorporated or Qualified 04/30/1996	i 3a. Date	of Last F	leport	
2. Principal Place of B	usiness	2a. Mailing Address			4, FEI Number	· ~	A	pplied For	
21	·	26		,	65-029656	<u> </u>	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		• -	Additional	
City & State	·	City & State						equired	
23		28			6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country	Zip	Count	ry	8. This corporation has liability for			to Fees	
24	25	29	30			Yes Yes		199.032,	
9. Na	me and Address of Current	Registered Agent			10. Name and Address of New F	legistered Age	ent		
MAMI FL 33	RD STREET APT. 3 1125		8.8.8.	MARC 2 Street Addre 1534 3 4 City M L	SELD R. VA	LDES DE	35 Zun	£25	
SIGNATURE	ancelo 1/4	lacy 1	126510	JEN	oration submits this statement for the on's board of directors. I hereby acc	purpose of chept the appoint	anging it imon as	is registered registered	
12.	pod or printed name of registured agent OFFICERS AND		13.	gent signature required	ADDITIONS/CHANGES TO OFF	ICEDS AND DI	DECTOR	20 141 20	
	CELO R. VAL		1.1 TOLE		ADDITIONS/CHANGES TO OFF		Change	RS IN 12	
NAME PS	T 1584 N.	J. 3 ST., #3	1.2 NAME				Onlange	1	
STREET ADDRESS	- •			FT ADDRESS					
CITY-ST-ZIP	WINNIA	FL. 33125	1.4 CITY-	}					
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NAME			2.2 NAME						
STREET ADDRESS			23 STREE	ET ADDRESS					
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP	•				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME					İ	
STREET ADDRESS			3.3 STREE	T ADDRESS				ĺ	
CITY-ST-ZIP TITLE		DECETE	3.4 CITY				-2:		
		☐ DELETE	4.1 TITLE	ļ		ப	Change	Addition	
NAME Proper Appendix			4. 2 NAME						
STREET ADDRESS				T ADDRESS					
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CITY-ST-ZIP		•	1	T ADDRESS					
TITLE	<u> </u>	☐ DELETE	5.4 CITY - 6.1 TITLE	51 - ZIP		———	Change	Addition	
NAME			6.2 NAME			Ц	опанус	☐ Audition	
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP				1					
	hat the information supplied v	vith this filing does not qual	6.4 CHY- ify for the exe	on-zir emption stated in	n Section 119.07(3)(i), Florida Statut	es. I further cer	tify that t	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 eath; 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 chapted, or or an attachment with an address.