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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039522

1. Corporation Name

MARGARITA ISLAND CORP

Principal Place of Business	Mailing Address
Pobox 52-4388	
Miami FL 33252-4388	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0796499	Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARLOS E. ABUCHAIBE	81 Name
935 7ST APT 6	82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI BEACH FL 33139	83
	84 City FL 85 Zip Code

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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARLOS E. ABUCHAIBE	1.2 NAME	700002361467--3
STREET ADDRESS	935 7ST APT 6. M.Beach, FL33139	1.3 STREET ADDRESS	-12/02/97--01105--015
CITY-ST-ZIP		1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		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 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	A. Algar 11/26/97
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To: Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

attn: Annual Report Section

As per our conversation about my annual Report payment this was not done because I found myself out of the country and my mailing address has changed. Please accept my payment for $165.00 to cover the annual report fee. If you should have any questions regarding this matter don't hesitate to contact me. Thank You in advanced for your prompt attention.

CARLOS E. ABUCHAIBE
PRESIDENT