

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

FILED
Jul 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000039522**
1. Corporation Name
MARGARITA ISLAND CORP.

Principal Place of Business P.O. BOX 52-4388 MIAMI, FL 33252-4388	Mailing Address P.O. BOX 52-4388 MIAMI, FL 33252-4388
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 5/8/96	4. FEI Number 05-0796499 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CARLOS E. ABUCHAIBE
135 7th Street, APTG
MIAMI BEACH, FL 33139**

10. Name and Address of New Registered Agent

81 Name YESIT J. CAMPO, CPA	85 Zip Code 33128
82 Street Address (P.O. Box Number is Not Acceptable) 9572 NW 41ST	
83	
84 City MIAMI	85 FL

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 607.05, Florida Statutes.

SIGNATURE

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

7/10/98

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME CARLOS E. ABUCHAIBE	
STREET ADDRESS 935 7th ST APTG	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-07/27/98--01041--050
*****150.00**

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 changed, or on an attachment with an address.

CR2E034 (10/97)

YESIT J. CAMPO, PA
CERTIFIED PUBLIC ACCOUNTANT

PS 2

July 10, 1998

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Margarita Island Corp
P.O. Box 52-4388
Miami, FL 33252
FEI: 65-0796499
Document#: P96000039522

To Whom It May Concern:

As the accountant for the corporation aforementioned I am writing this letter to you as was suggested by a representative from your department. The reason that this annual corporate report wasn't filed in a timely manner is that my client never received one. I called your 1-800 number and the representative that spoke to me told me that I needed to fill out a blank corporate annual form, write an explanatory letter, and send a check for \$150. I hope this letter is of aid to you in processing the 1998 corporate annual report for Margarita Island Corp.

Respectfully yours,


Oliver J. Gonzalez
Accountant

P.S. If you should have any questions regarding this matter please call me at (305)593-2003.