


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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000048774			
1. Corporation Name Marina Park Inn Co.			
Principal Place of Business 340 Biscayne Blvd. Ste. 100 Miami, FL 33132		Mailing Address 340 Biscayne Blvd. Ste. 100 Miami, FL 33132	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Corporation Company of Miami 201 S. Biscayne Blvd. 1600 Miami Center Miami, FL 33131		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maurizio Micangeli	1.2 NAME	
STREET ADDRESS	340 Biscayne Blvd., Ste. 100	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33132	1.4 CITY-STATE-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claudio Tupini	2.2 NAME	
STREET ADDRESS	340 Biscayne Blvd., Ste. 100	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33132	2.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benoist Castera	3.2 NAME	
STREET ADDRESS	340 Biscayne Blvd., Ste. 100	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33132	3.4 CITY-STATE-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. L. Dayton	4.2 NAME	
STREET ADDRESS	340 Biscayne Blvd., Ste. 100	4.3 STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33132	4.4 CITY-STATE-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonio Corbeddu	5.2 NAME	
STREET ADDRESS	340 Biscayne Blvd., Ste. 100	5.3 STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33132	5.4 CITY-STATE-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Friedbauer	6.2 NAME	
STREET ADDRESS	201 S. Biscayne Blvd.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33131	6.4 CITY-STATE-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: _____		4-28-97 305-358-0661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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