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May 02 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 # P96000054858 (1)

1. Corporation Name
MARQUITA BRANDS, INC.

Principal Place of Business
12955 BISCAYNE BOULEVARD
SUITE 202
NORTH MIAMI FL 33181

Mailing Address
12955 BISCAYNE BOULEVARD
SUITE 202
NORTH MIAMI FL 33181-2021



2. Principal Place of Business
21 407 LINCOLN ROAD
Suite, Apt. #, etc. 704/708
22 City & State MIAMI BEACH, FL
23 Zip 33139 Country U.S.A.
24 33139 25 U.S.A. 26 407 LINCOLN ROAD
27 Suite, Apt. #, etc. 704/708
28 City & State MIAMI BEACH FL
29 Zip 33139 Country USA
30 USA

3. Date Incorporated or Qualified 06/26/1996
3a. Date of Last Report NA
4. FEI Number APPLIED FOR
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

POMERANZ, MARK L
12955 BISCAYNE BOULEVARD
SUITE 202
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME EISENBERG, S. J.
STREET ADDRESS 11900 BISCAYNE BLVD, S-508
CITY-ST-ZIP NORTH MIAMI FL 33181
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
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CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/O ☒ Change ☐ Addition
1.2 NAME EISENBERG, S.J.
1.3 STREET ADDRESS 407 LINCOLN ROAD STE 704/708
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

S. J. EISENBERG

4/28/97 (305 532-6100)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0240060

CR2E034 (9/96)