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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000020076 (0)

1. Corporation Name

MARRIOTT & ASSOCIATES, P.A.



Principal Place of Business

1541 BRICKELL AVENUE #504
MIAMI FL 33129

Mailing Address

POST OFFICE BOX 34-7422
CORAL GABLES FL 33234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

2. Principal Place of Business

21 519 Catalina Avenue

Suite, Apt. #, etc.

22

City & State

23 Coral Gables

Zip

24 FL 33134

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

650733641

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MARRIOTT, KAREN
1541 BRICKELL AVENUE #504
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

MARRIOTT, KAREN

82 Street Address (P.O. Box Number is Not Acceptable)

519 Catalina Avenue

83

City

84

Coral Gables

FL

85

Zip Code

33134

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MARRIOTT, KAREN T

STREET ADDRESS

1541 BRICKELL AVENUE #504

CITY-ST-ZIP

MIAMI FL 33129

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

MARRIOTT, KAREN

1.3 STREET ADDRESS

519 Catalina Avenue

1.4 CITY-ST-ZIP

Coral Gables, FL 33134

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

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☐ Change

☐ Addition

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.

SIGNATURE:

[Signature]

4/23/98

305-476-0878

CR2E034 (10/97)