Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700065541

MARNORTE EQUITIES CORP												
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Principal Place of Business Mailing Address											,	
ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD					LVD		•		-			
1800					t			DO NOT WRITE IN THIS SPACE				
US US					•			3. Date Incorporated or Qualifed				
	,							07/28/1	997			
2. Principal Pl	ace of Business	2a. N	2a. Mailing Address				4. FEI Numi			·	pplied For	
21			26	26				65-078	3983		N	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5 Certificate	of Status Desir	ed 🔽	, ,	Additional
22			27					J				Required
City & State	е .		-	City & State					Campaign Finan	cing.	•	May Be
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Zip		Country	├ ─¬	Zip		ria y			oration owes the Property Tax.	current yea	ir intangible ∐Yes	□No
24	25 Name and	d Address of Curre	29	ared Agent	30				d Address of N	lew Registe		
	g. Name am	. Address of Carr	ent Negiste	neu Agent			me					
DANI	IELS, NICHOL	ÁS M				R	afael	<u>A. Pere</u>	Z			
	SCAYNE TOW					82 Str	reet Addre	ess (P.O. Box N h Riscav	umber is Not Ac ne Boule	ceptable) vard	:	ļ
STE						83			ne boure	, , , , , , , , , , , , , , , , , , , 		
MIAN	/IÍ FL 33131						<u>uite</u>	<u> 1800 </u>		_		
						84 Cit	y liami			1	FL 85 Zip	Code 3131
11. Pursuant	to the provisions	of Sections 607.05 or both, in the Stat and accept the oblig	502 and 607	7.1508, Florida St	atutes, the al	bove-nar	ned corpo	ration submits	his statement fo	r the purpos	e of changing it	s registered
office or re	egistered agent, m familiar with	or both, in the Stat and accept the oblid	te of Florida cations of, S	i. Such change wi Section 607,0505.	as authorized Florida Statı	l by the d	corporatio	n's board of dire	ctors. I hereby	accept the a	ppointment as r	egistered
(Rul	asla. P	ر مید						•	4-21	-99	ļ
SIGNATURE	Make	inted name of registered a	لمعاف		NOTE: Registered			when reinstating)		7- し DATI	<u>-79</u>	
SIGNATURE	Signature, typed by pr	aela.P.	igent and be if a	applicable. (I	NOTE: Registered	Agent signa		when reinstating)	S/CHANGES TO	7- し DATI	S AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed by pr	inted name of registered at	igent and be if a	applicable. (I	NOTE: Registered	Agent signa		when reinstating)		7- し DATI	<u>-79</u>	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed Mpr D PERES, JOS	inted name of registered at	igent and the if a	applicable. (I	13. 1.1 TIT	Agent signa	ature required	when reinstating)		7- し DATI	S AND DIRECT	ORS IN 12
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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 of 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, with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR