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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000044849 1. Corporation Name

MARGUZ SERVICES, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90057 008 ***150.00



1,000	v						
Principal Place of Business Mailing Address							
11216_SW_63RD_TERR MIAMI_FL_33173		14216 SW 63RD TERR MIAMI FL 33173			DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed		
					05/18/1998		
2. Principal Place of Business 2a. Mailing Address			20 n/200		4. FEI Number Applied For		
21, 000		1	55 SW 138 Place		Not Applicable		
		Suite, Apt. #, etc.	•		5. Certificate of Status Desired		
22 27 City & State City & State			-		A		
City & State 23 Miami, A		28 Miami, FL			6. Election Campaign Financing 5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip	Country		8. This corporation owes the current year Intangible		
24 33/8	3 [25] Dade.	29 33/83 30	Do	rde	Personal Property Tax. Yes □No		
.:k	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
MAD	NOTE IOS MARITZA D.C		81	Name			
MARMOLEJOS, MARITZA D.C. 11216 SW 63RD TERR			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
	MI FL 33173		83		**		
			L		log 70 Code 30		
			84	City	FL 85 Zip Code		
òffice or r agent. I a	registered agent, or both, in the State on am familiar with, and accept the obligation	of Florida. Such change was autho	orized by	the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	jistered Ager	nt signature required			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition		
NAME	MARMOLEJOS, MARITZA D.C.		1.2 NAME				
STREET ADDRESS				FADDRE\$\$			
CITY-ST-ZIP	MIAMI FL 33173	☐ DELETE	1.4 CITY-\$ 2.1 TITLE	T-ZIP	☐ Change ☐ Addition		
TITLE	GUZMAN, MARINO ENRIQUE	C) OECEIL	2.1 IIILE				
NAME	44040 OW CODD TEDD		.2.3 STREET	T ADDDESS			
STREET ADDRESS	MIAMI FL 33173	.,	2.4 CITY-5				
CITY-ST-ZIP TITLE	MATANITE GOTTO	☐ DELETE	3.1 TITLE	71-21	☐ Change ☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS	3		3.3 STREE	T ADDRESS	•		
CITY-S™ZIP	,		3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS	6		4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETE	5.1 TITLE		. Clasife Clymorou		
NAME			5.2 NAME	T ADDDESS	•		
STREET ADDRESS	5			T ADDRESS			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-414	☐ Change ☐ Addition		
TITLE		广1 NECE1E	6.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS	21		O.O.O.I.NEE				

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 of 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, grown an appear of the receiver of the corporation of the receiver of the r CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

JIRED