

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S06547 (1)
 1. Corporation Name
MACARMI INVESTMENT CORPORATION



Principal Place of Business 8390 N. W. 53RD STREET.. #300 ROCHESTER BLDG., SUITE 300 MIAMI FL 33166	Mailing Address 8390 N. W. 53RD STREET.. #300 ROCHESTER BLDG., SUITE 300 MIAMI FL 33166-7900
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/15/1990 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0225513 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent AUSTIN, RICHARD B. 8390 N. W. 53RD ST., #300 MIAMI FL 33166	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT O'REILLY, INELDO 4851 EAST 10 COURT HIALEAH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President O'Reilly, Ineldo 8726 NW 119 St. Bay #1 Hialeah Gardens, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'REILLY, MAGALY 4851 EAST 10 COURT HIALEAH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President O'Reilly, Magaly 8726 NW 119 St. Bay #1 Hialeah Gardens, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'REILLY, CARMEN 4851 EAST 10 COURT HIALEAH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary O'Reilly, Carmen 8726 NW 119 St. Bay #1 Hialeah Gardens FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer O'Reilly, Ineldo M. 8726 NW 119 St. Bay #1 Hialeah Gardens, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	6.1 TITLE 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 Ineldo O'Reilly 4/1/97 (305)592-0036

CR2E034 (9/96)