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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # S06547

(1)

MACARMI INVESTMENT CORPORATION

FILED Jun 09 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address		I I DOUGHDIN LIC DE LICH WILLIAM DALICE DINGER	IBRE DIRK DIDIK BIDIK DIDIK DIL	HI BIRN KODE
83/60/N/W/.KS/ND/S/TREST/#3/00 ROCHESTER/BLDG:/SUITE/3/00/ MIANN FL 33166		8390 /si /w/ 5390/si/heer/ /e/oo/ /Rochesker /e/oo/,/si/iye/aoo/ Miami fl 33166		DO NOT WRIT	TE IN THIS SPACE		
MINIMI I C DO	100	WINDLE COTO			3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·	
Ī	_				10/15/1990		
—	lace of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
			Principal Place				ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			of	Busines	55)5. Certificate of Status Desired	11 '	Additional equired
22 8726 N.W. 119 Street, #1 City & State		City & State		& Flatin Constitution Singular			
		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip			Country		8. This corporation owes or has paid the current year Intangible		
24 330	33018 25 U.S.A. 29 30		30		Personal Property Tax due June 30. Yes No		
11	9, Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered Agent	
/ 'AUSTIN', AICHARO, B. ', / / / * *				Name Ineldo O'Reilly			
/8 390,1) / <i>N</i> //53RD/ST/(#300/			8	82 Street Address (P.O. Box Number is Not Acceptable)			
1MAM/ FL/33186 / /					04 <u>6</u> 5 N.W. 13 <u>1 St</u> reet	<u> </u>	
			8	3			
**RESIGNED 4/1/98				4 City		85 Zip	Code 018
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					leah Gardens,		
 office or r 	egistered agent, or both, in the State o	if Florida. Such change was	authorized l	by the corporati	tion's board of directors. I hereby acc	ept the appointment as	registered
agent. I a	m familiar with, and accept the obligat	Il City	4/-	lan			
SIGNATURE Signature typed or printed name of imperiored agent and tilloid applicable (NOTE Radislate				gont signature require	led when reinstalload	DATE	<u>78</u>
12.	OFFICERS AND		13.		ADDITIONS/QHANGES TO OFF	ICERS AND DIRECTOR	1S IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME			1.2 NAMI	:			
STREET ADDRESS			1.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP	HIALEAH GARDENS FL			-ST-ZIP			
TITLE	Ab	DELETE	2.1 THTLE	ì		∟ Change	Addition
NAME	O'REILLY, MAGALY		2.2 NAM				
STREET ADDRESS	ANALEST CARRENCE			ET ADDRESS			ļ
CITY-ST-ZIP			2. 4 CITY 3.1 TITLE			Change	Addition
NAME	O'REILLY, CARMEN			\ \		பு பள்ழு	Addition
STREET ADDRESS	AMAG ANIC ALD OT DAY MA			ET ADDRESS			
CITY-ST-ZIP	ANALEST CARRENO EL		3 4. CITY				
TITLE	1	DELETE	4.1 TITLE			☐ Change	Addition
NAME	O'RIELLY, INELDO M.		4. 2 NAM	٤		-	
STREET ADDRESS	8726 NW 119 ST BAY #1		4,3 STRE	ET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL			-ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	:			ļ
STREET ADDRESS			53 STRE	ET ADDRESS			j
CITY-ST-ZIP				· ST · ZIP			
TITLE		☐ DELETE 6			6000025 5 -06/10/93010	Change	Addition
NAME			6.2 NAME		-06/10/98-010	15033	11/
STREET ADDRESS				E1 ADDRESS	***150.00		1 WA
CITY-ST-ZIP	L		6.4 CITY	-ST-ZIP			<u> </u>

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.