

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S10732 (3)

1. Corporation Name

MARIN & COMPANY, INC.

Principal Place of Business

441 N.W. 20TH ST., STE. F1
BOCA RATON FL 33431

Mailing Address

441 N.W. 20TH ST., STE. F1
BOCA RATON FL 33431



2. Principal Place of Business

21 8491 NW 17th Street

Suite, Apt. #, etc.

22 Suite 113

City & State

23 Miami, FL

Zip Country

24 33126

2a. Mailing Address

26 7205 NW 19th Street

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Miami, FL

Zip Country

29 33126

30

3. Date Incorporated or Qualified

11/05/1990

3a. Date of Last Report

03/15/1995

4. FEI Number

58-1923158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDONALD, STEPHEN J ESQ.

315 SE 7 ST

SUITE 303

FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name Carlos M. Marin

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

7205 NW 19th Street

83 Suite 300

84 City Miami

FL

85 Zip Code

33126

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(Date) Reg. Agent Signed and recorded. (When recording)

DATE

3/7/96

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY, ST, ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY, ST, ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY, ST, ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY, ST, ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY, ST, ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY, ST, ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY, ST, ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY, ST, ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY, ST, ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY, ST, ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 recorder of this State 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. (Attach attachment with an affidavit)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

305-392-2572

Daytime Phone #

CR2E034 (12/95)