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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S24127** (0)
1. Corporation Name
MARIE PROPERTY MANAGEMENT COMPANY, INC.



Principal Place of Business
**728 OCEAN DRIVE
MIAMI BEACH FL 33139**

Mailing Address
**728 OCEAN DRIVE
MIAMI BEACH FL 33139-6220**

3. Date Incorporated or Qualified
01/10/1991

3a. Date of Last Report
01/24/1996

| | | | |
|---|----------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 65-0241441 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERT, JEROME A
728 OCEAN DR
MIAMI BEACH FL 33139**

81 Name
MARIA G. TRAVIESO

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

83

84 City
MIAMI BEACH

85 Zip Code
FL 33139

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]* **MARIA G. TRAVIESO** **4/7/97**

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE DP | <input type="checkbox"/> DELETE | 1.1 TITLE DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME MARIE, PATRICK | | 1.2 NAME MARIA G. TRAVIESO | |
| STREET ADDRESS 728 OCEAN DRIVE | | 1.3 STREET ADDRESS 728 OCEAN DRIVE | |
| CITY - ST - ZIP MIAMI BEACH FL | | 1.4 CITY - ST - ZIP MIAMI BEACH, FL 33139 | |
| TITLE DVP | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARIE, IRENE | | 2.2 NAME | |
| STREET ADDRESS 728 OCEAN DRIVE | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP MIAMI BEACH FL | | 2.4 CITY - ST - ZIP | |
| TITLE DST | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HERT, JEROME A | | 3.2 NAME | |
| STREET ADDRESS 728 OCEAN DR | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP MIAMI BEACH FL | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/7/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: mo: Year: #

CR2E034 (9/96)