

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S78680 (3)
 1. Corporation Name
MAREXEL CORPORATION



Principal Place of Business: **80 S HIGHWAY 17-92 DEBARY FL 32713**
 Mailing Address: **80 S HIGHWAY 17-92 DEBARY FL 32713**

2. Principal Place of Business
 21 State, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30
 2a. Mailing Address
 26 State, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified: **09/05/1991**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-3091016**
 Applied For Not Applicable
 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. 190.032, Florida Statutes: Yes No
 10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent
**ANAYAS, MARCELO R
 80 SOUTH HIGHWAY 17-92
 DEBARY FL 32713**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1008, 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, Sections 607.0602, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANAYAS, MARCELO R	
STREET ADDRESS	80 S HIGHWAY 17-92	
CITY, ST, ZIP	DEBARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANAYAS, CONCEPCION S	
STREET ADDRESS	80 S HIGHWAY 17-92	
CITY, ST, ZIP	DEBARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information furnished by the filing 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 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. I am an officer or director of the corporation or the incorporator or organizer of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 of this report or in a written instrument with an affidavit.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 4/25/96 (407) 668-1792

CR2E034 (12/95)