FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -7 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V56144 (1)

1. Corporation Name
MARUM'S CORPORATION

Principal Place of Business	Mailing Address
520 BRICKELL KEY DR SUITE O-305 MIAMI FL 33131	520 BRICKELL KEY DR SUITE O-305 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1992
3a. Date of Last Report: 08/26/1994
4. FEI Number: 65-0349952 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON
% FREEMAN NEWMAN & BUTTERMAN
520 BRICKELL KEY DR SUITE O-305
MIAMI FL 33131

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/PTS	11 TITLE	P/D/S ☐ Change ☐ Addition
NAME	GHISLOTI, MARCOS A D O	12 NAME	4 900001533069
STREET ADDRESS	520 BRICKELL KEY DR	13 STREET ADDRESS	-07/10/95--01019--019
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	****225.00 ****225.00
TITLE	D/VP	21 TITLE	V/P/D ☐ Change ☐ Addition
NAME	FORTI, UMBERTO	22 NAME	4
STREET ADDRESS	520 BRICKELL KEY DR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D/T	31 TITLE	V/P/T/D ☐ Change ☐ Addition
NAME	VALE, ROBERTO J D	32 NAME	4
STREET ADDRESS	520 BRICKELL KEY DR	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	SLOSBERGAS, NELSON	42 NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE, STE., 305	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature] President Secretary 6/27/95 374380
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR — Date — Daytime Phone #

0129066 CP