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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V65017

MARINO'S HARDWARE CORPORATION

(8)

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business 6787 SW 56 STR MIAMI FL 33155 US	Mailing Address 6787 SW 56 STR MIAMI FL 33155-5721 US			
			3. Date Incorporated or Qualified 09/18/1992	3a. Date of Last Report 03/19/1996
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65-0358070	Applied For
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22 City & State	City & State	· · · · · · · · · · · · · · · · · · ·		Fee Required
23	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zφ	Country	8. This corporation has liability for in	ntangible tax under s. 199.032
24 25 9, Name and Address of (29 Durrent Registered Agent	30	Florida Statutes 10. Name and Address of New Reg	Yes No
MORALES, MELANIA R		81 Name		, and a significant
6787 SW 56 STR		82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
MIAMI FL 33155	•	83		
			TT 7 AUT 1917 TO AUT 1917 TO AUT 1917 A	
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 6i office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of regist	obligations of, Section 607.0505, Fi	tes, the above-named corp authorized by the corporat orida Statutes. IE: Ekiglislared Agent signature requir		rpose of changing its registered the appointment as registered
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME MORALES, MELANIA R	☐ DELFTE		secretora Octorio	Change Addition
STREET ADDRESS 6787 SW 58 STR		1.8 STREET ADDRESS	lorales Melavia 181 SW 56 St.	Λ.
CITY-ST-ZIP MIAMI FL				
TITLE	DELETE	2.1 TITLE	inmi, Ff.	Change X Addition
NAME CYPETA ADDOCCO		2.2 NAME //	orales Marino	
STREET ADDRESS CITY-ST-ZIP		2.8 STREET ADDRESS 6	liami, Fl	
TITLE	DELETE	3.1 TITLE	LIAMII, I	Change Addition
NAME .		3.2 NAME		
STREET ADDRESS		3.8 STREET ADDRESS		
CITY-ST-ZIP	☐ Druete	3.4. CHY-SI-7IP 4.1 TITLE		Change Addition
NAME	<u> </u>	4. 2 NAME		
STREET ADDRESS		4.8 STREET AUDRESS		
CITY-ST-ZIP	——————————————————————————————————————	4.4 CHY-ST-7IP		
TITLE NAME	☐ DELETE	5.1 TRILE		Change Addition
STREET ADDRESS		5.8 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	61 TIBLE	1	Change Addition
NAME		6 % NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 eath; 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.