

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

**FILED**

**Apr 21 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 # 294322 (3)**

**1. Corporation Name  
MARSARM CORPORATION**



**Principal Place of Business Mailing Address  
10912 S W 25TH ST 10912 S W 25TH ST  
MIAMI FL 33165 MIAMI FL 33165-2345**

**3. Date Incorporated or Qualified 06/28/1965 3a. Date of Last Report 04/25/1996**

**2. Principal Place of Business 2a. Mailing Address**

**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

**22 City & State 27 City & State**

**23 Zip Country 28 Zip Country**

**24 25 29 30**

**4. FEI Number 13-1952000 Applied For Not Applicable**

**6. 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**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BLUM, SAMUEL S  
2886 TIGERTAIL AVENUE  
SUITE 103  
MIAMI FL 33133**

**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 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE, IF APPLICABLE (NOTE: Registered Agent signature required when reinstating) DATE**

**OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**P MELO, PILAR DELETABLE  
STREET ADDRESS 10912 S.W. 25TH STREET  
CITY-ST-ZIP MIAMI FL**

**S MUNIZ, BENIGNO S DELETABLE  
STREET ADDRESS 10912 SW 25TH STREET  
CITY-ST-ZIP MIAMI FL**

**VP MUNIZ, BENIGNO S DELETABLE  
STREET ADDRESS 10912 SW 25TH STREET  
CITY-ST-ZIP MIAMI FL**

**DELETABLE**

**DELETABLE**

**DELETABLE**

**1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Change Addition**

**2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP Change Addition**

**3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP Change Addition**

**4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP Change Addition**

**5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP Change Addition**

**6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP Change Addition**

**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 if changed, or on an attachment with an address.**

**SIGNATURE: [Signature] 4/15/97 305-553 3877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #  
**MUNIZ**

CR2E034 (9/96)