

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Albritton
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

50 MAY 17 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **560565** (4)
Corporate Name
MAR-RICH, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 11730 BISCAYNE BLVD. NORTH MIAMI FL 33181		Mailing Address 11730 BISCAYNE BLVD. NORTH MIAMI FL 33181		3. Date of Incorporation or Qualification 02/24/1978	3a. Date of Last Report 05/01/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FID Number 59-1806466		Applied For Not Applicable	
State Apt # etc 22	State 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 First Fund Contributor <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for unpaid tax under S. 199.002 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SEPULVEDA, JAMES 11730 BISCAYNE BLVD. NORTH MIAMI FL 33181				10. Name and Address of New Registered Agent	
				B1. Name	
				B2. Street Address (P.O. Box Number is Not Acceptable)	
				B3.	
				B4. City	FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.0101, 607.0102, 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. Thereby, it hereby appoints the registered agent named herein and accepts the obligations of Sections 607.0101, Florida Statutes.

SIGNATURE: _____ (Current Registered Agent) _____ (New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADVICE AS TO CHANGES TO OFFICERS AND DIRECTORS	
NAME	SD SEPULVEDA, JAMES 11730 BISCAYNE BLVD. N. MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SCIARRILLO, JOHN 11730 BISCAYNE BLVD. N MIAMI FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Sections 199.002, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as it would have with that from an officer or director of the corporation or trustee or receiver named to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing as being authorized in an affidavit with an address.

SIGNATURE: *[Signature]* *[Signature]*
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR