

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:17

DOCUMENT # **655365** (5)  
1. Corporation Name  
**CRUCETMAR CORP.**

Principal Place of Business: **4340 NW 178 ST MAIMI FL 33055**  
Mailing Address: **4340 NW 178 ST MAIMI FL 33055**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
4340 NW 178 ST MAIMI FL 33055		4340 NW 178 ST MAIMI FL 33055		02/08/1980	02/11/1994
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FID Number	Applied For This Application		
		59-1977909			
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country	25. Country	29. Country	30. Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TARRADELL, EUSEBIO F</b> <b>4840 NW 184 TERR</b> <b>MIAMI FL 33055</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUCET, MARIO	2. NAME	
STREET ADDRESS	4340 NW 178 ST	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
TITLE	PD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUCET, HILDA	22. NAME	
STREET ADDRESS	4340 NW 178 ST	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 substantially true and does not equally for the corresponding state for the last 12 (12) months. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect if made under oath. I am an officer or member of the corporation or the person or persons employed to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes set on an attached form, with my signature.

SIGNATURE: *[Signature]* DATE: *1/10/95*