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PROFIT CORPORATION ANNUAL REPORT

**1996**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 10 PM 4:24

DOCUMENT # **F30946** **(0)**

1. Corporation Name
**MARMAN (USA) INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5401 W. KENNEDY BLVD., STE. #681<br>P O BOX 22829<br>TAMPA FL 33622 | 5401 W. KENNEDY BLVD., STE. #681<br>P O BOX 22829<br>TAMPA FL 33622 |

3. Date Incorporated or Qualified: 04/13/1981
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21: 5041 W. Cypress St
2a. Mailing Address — 26: P.O. Box 22829

Suite, Apt. #, etc — 22:
Suite, Apt. #, etc. — 27:

City & State — 23: Tampa, Fl
City & State — 28: Tampa Fl

Zip — 24: 33609 — Country — 25:
Zip — 29: 33622 — Country — 30:

4. FEI Number: 59-2110843 ☐ 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

9. Name and Address of Current Registered Agent

CISNEROS, FRANK G.
5041 W. CYPRESS
P.O. BOX 22829
TAMPA FL 33622

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 person signing & title if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSD<br>CISNEROS, FRANK<br>PO BOX 24282 N/A<br>TAMPA FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RENES, ROBERT<br>5041 W. CYPRESS<br>TAMPA FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>300001825723<br>-05/16/96--01139--028<br>****233.75 ****233.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASD<br>OATLEY, LORRAINE<br>5041 W. CYPRESS<br>TAMPA FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CISNEROS, LUISA<br>POST OFFICE BOX 24282 N/A<br>TAMPA FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (12/95)

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)(k), 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, added or deleted.

**SIGNATURE:** _____ Frank G. Cisneros — 5/7/96 — 813-286 2503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #