

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporate Name: **PA70000001843**  
**MARA Import, Inc.**

Principal Place of Business / Mailing Address:  
**9350 Fontainebleau Blvd. Apt 302**  
**Miami, Fl. 33172-4243**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-sections for State, Apt #, etc; City & State; Zip; Country.

3. Date Incorporated or Qualified: **01-01-97**  
4. FEI Number: **65-0720650**  
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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent:  
**Jesus Orozco**  
**9350 Fontainebleau Blvd. # 302**  
**Miami, Fl. 33172**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0507 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-13-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Jesus R. Orozco</b>	
STREET ADDRESS	<b>9350 Fontainebleau Blvd. Apt 302</b>	
CITY, ST, ZIP	<b>Miami, Fl. 33172</b>	
TITLE	<b>Vice Pres</b>	<input type="checkbox"/> DELETE
NAME	<b>Mania de Orozco</b>	
STREET ADDRESS	<b>9350 Fontainebleau Blvd. Apt 302</b>	
CITY, ST, ZIP	<b>Miami, Fl. 33172</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

600002434125  
-04/20/98--01090--025  
\*\*\*150.00

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-13-98 (305)485-1090**

CR2E034 (10/97)