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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000045235**

| MARAKK                                  | A 2000 INC   |  |  | 1 (486)(886) (18 (89)) (880) (88)) (88)) (88)) (88)  | 81))                                | JI <b>ri 1</b> 991 ( <b>171</b> 1 |
|---|--|--|--|--|-------------------------------------|-----------------------------------|
|   |  |  |  |  |                                     |                                   |
| Principal Place                         | of Business  | Mailing Address  |  | I CONTRODI ALO CORRI CONTRODIRI DILLI DI   | <b>2511 01001 01110 11900</b> 1     | 1101 811) 190)                    |
| 4410 W. 16TH A                          | AVE.   | 4410 W. 16TH AVE.  |  |  |                                     |                                   |
| STE 5 302 STE 5 302                     |  |  |  | DO NOT WRITE IN THIS SPACE   |                                     |                                   |
| HIALEAH FL 33012 HIALEAH FL 33012       |  |  |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  |                                     |                                   |
|   |  |  |  | 05/21/1997   | ····                                |                                   |
| 2. Principal Pl                         | ace of Business  | 2a. Mailing Address  |  | 4. FEI Number  | <u></u> -                           | lied For                          |
|   |  | 26   |  | 65-0753351   |                                     | Applicable                        |
| — ·····                                 |  | Suite, Apt. #, etc.  |  | 5. Certifcate of Status Desired  | <b>\$8.75</b> Ad<br>Fee Req         |                                   |
|   |  | City & State   |  | C. Flanting Comparing Figuresian   |                                     | <del></del>                       |
| ¬ ···, ·· · · · · · · · · · · · · · · · |  | <b>⊢</b> '   |  | Election Campaign Financing     Trust Fund Contribution  | \$5.00 N<br>Added to                |                                   |
| 23)<br>Zip                              | Country  |  | Country  | This corporation owes the current year   |                                     |                                   |
| 24                                      | 25   | <b>⊢</b> '   | 30   | Personal Property Tax.   |                                     | ⊒No                               |
| 24                                      | 9. Name and Address of Current   | <u> </u>   |  | 10. Name and Address of New Register   | ed Agent                            |                                   |
|   |  |  | 81 Name  |  |                                     |                                   |
| NUNEZ, GISELA                           |  |  | 82 Street Ad                                   | ddress (P.O. Box Number is Not Acceptable)   |                                     |                                   |
| 4410 W. 16TH AVE.                       |  |  | GZ Street At                                   | Juless (F.O. Box Number is Not Acceptable)   |                                     |                                   |
| STE 5 302                               |  |  | 83   |  |                                     |                                   |
| HIALEAH FL 33012                        |  |  | 84 83  |  | 85 Zip Co                           | ode                               |
|   |  |  | 84 City  | F  | FL   85   Zip C                     | Jue                               |
| 11. Pursuant t                          | to the provisions of Sections 607.0502 agistered agent, or both, in the State of | and 607.1508, Florida Statute<br>f Florida. Such change was at | es, the above-named couthorized by the corpora | orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap | of changing its repointment as regi | egistered<br>istered              |
|   | n familiar with, and accept the obligation                                       | anotz<br>Anotz   | Il lalde                                       | Gu / 4-2   | 15-99                               |                                   |
| SIGNATURE                               | Signature, typed or printed name of registered agent                             |  | ; Registered Agent signature requ              |  |                                     |                                   |
| 12.                                     | OFFICERS AND   |  | 13.  | ADDITIONS/CHANGES TO OFFICERS  |                                     |                                   |
| TITLE                                   | PD   | ☐ DELETE   | 1.1 TITLE                                      |  | ☐ Change                            | Addition .                        |
| NAME                                    | NUNEZ, GISELA  |  | 1.2 NAME                                       |  |                                     |                                   |
| STREET ADDRESS                          | ss 4410 W. 16TH AVENUE STE 5302  |  | 1.3 STREET ADDRESS                             |  |                                     |                                   |
| CITY-ST-ZIP                             | HIALEAH FL 33012   |  | 1.4 CITY-ST-ZIP                                |  |                                     |                                   |
| TITLE                                   | VD   | ☐ DELETE   | 2.1 TITLE                                      |  | Change                              | ☐ Addition                        |
| NAME                                    | FERNANDEZ, WALDO   |  | 2.2 NAME                                       |  |                                     |                                   |
| STREET ADDRESS                          | 4410 W. 16TH AVE.  |  | 2.3 STREET ADDRESS                             |  |                                     | -                                 |
| CITY-ST-ZIP                             | HIALEAH FL 33012   |  | 2.4 CITY-ST-ZIP                                |  |                                     |                                   |
| TITLE                                   | •  | ☐ DELETE   | 3.1 TITLE                                      |  | Change                              | ☐ Addition                        |
| NAME                                    |  |  | 3.2 NAME                                       |  |                                     |                                   |
| STREET ADDRESS                          |  |  | 3.3 STREET ADDRESS                             |  |                                     |                                   |
| CITY-ST-ZIP                             |  |  | 3.4, CITY-ST-ZIP                               |  |                                     | Fresh A 1 200                     |
| TITLE                                   |  | ☐ DELETE   | 4.1 TITLE                                      |  | Change                              | Addition                          |
| NAME                                    |  |  | 4.2 NAME                                       |  |                                     |                                   |
| STREET ADDRESS                          |  |  | 4.3 STREET ADDRESS                             |  |                                     |                                   |
| CITY-ST-ZIP                             |  |  | 4.4 CITY-ST-ZIP                                |  |                                     | The second                        |
| TITLE                                   |  | ☐ DELETE   | 5.1 TITLE                                      |  | Change                              | ☐ Addition                        |
| NAME                                    |  |  | 5.2 NAME                                       |  |                                     |                                   |

14. I 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

4-25-99 (305) 819 8338

☐ Change

Addition