

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 435224 (1)
1. Corporation Name
MAR REALTY CORPORATION

Principal Place of Business
741 S. MASHTA DR.
KEY BISCAVNE FL 33149

Mailing Address
741 S. MASHTA DR.
KEY BISCAVNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104 CRANDON BLVD Suite, Apt. #, etc. # 406 City & State Key Biscayne, FL Zip 33149 Country USA		2a. Mailing Address 26 104 CRANDON BLVD. Suite, Apt. #, etc. # 406 City & State Key Biscayne, FL Zip 33149 Country USA		3. Date Incorporated or Qualified 10/26/1973	
22		27		4. FEI Number 59-1512413	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ACOSTA, MIRIAM 741 S. MASHTA DR. KEY BISCAVNE FL 33149				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 607.1208, 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ACOSTA, ROLANDO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	741 S. MASHTA DR. 104 CRANDON BLVD #406	1.2 NAME	
STREET ADDRESS	KEY BISCAVNE FL 33149	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST ACOSTA, MIRIAM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	741 S. MASHTA DR.	2.2 NAME	
STREET ADDRESS	KEY BISCAVNE FL 33149	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: Rolando Acosta ROLANDO ACOSTA

4-28-98 (305)361-7122

CR2E034 (10/97)