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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

529493

(9)

MARVIT	EC EXPORT CORP.	Mailing Address			
1475 NORTHWEST 97 AVENUE 1475 NORTHWEST 97 AVE MIAMI FL 33172 MIAMI FL 33172-2819			AVENUE		
				i '	Date of Last Report 04/25/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	#, elc	Suite, Apt. #. etc.		59-1728505	Not Applicable \$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	6	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip [24]	Country 25	Ζιρ 29	Country 30		□ No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Register	red Agent
	EDA, JOSE LUIS				
12901 S. W. 84TH ST. Miami Fl 33183			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
19167	### 1 E 00 100		83		
			84 City		85 Zip Code
14 ()	to the management of Continue CO7 (NO0 and 007 4500 Fladda Cta			-1 L
office or a agent. La	to the provisions of Socions bort registered agent, or both, in the St an familiar with, and accept the ob-	ate of Florida. Such change wa oligations of, Section 607.0505,	s authorized by the corpora Florida Statutes.	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, type-J or printed name of responsed		OTE: Registered Agent signature requi		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TIFLE	DP .	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUEDA, JOSE LUIS		1.2 NAME		
STREET ADORESS	12901 S. W. 84TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIF	MIAMI FL.	T DELETE	1.4 CITY - ST - ZIP		Change L Addition
TITLE	ST NIFOA AIVA O	[_] DELETE	2.1 TITLE		Change Addition
MAME CODES LADOURS	RUEDA, AIXA C. 12901 SW 84 ST.		2.2 NAME	•	
STREET ADDRESS	MIAMI FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		ļ
CITY-S1-701	m/Ami i C	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
City - St - Zie			3.4. CITY-ST-ZIP		İ
Till		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CHY-ST-7IP			4.4 CITY - ST - ZIP	<u></u>	
THE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET AUDRESS			5.3 STREET ADDRESS		
CDY-SI-ZIF			5.4 CITY-ST-ZIP		
TOUF		☐ DELETE	6.1 TITLE		Change Addition
NAME	1		6.2 NAME		

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHIV-\$1-ZP

14. I do 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 13 if changed or on an attachment with an address.

FILED

Apr 22 1997 8:00am

Secretary of State