

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # **584109** (3)

1. Corporation Name
MARINE & MERCANTILE ENTERPRISES, INC.



Principal Place of Business
**6925 BISCAYNE BLVD
MIAMI FL 33138**

Main Address
**6925 BISCAYNE BLVD
MIAMI FL 33138**

2. Principal Place of Business
21 State, April 1st
22 City & State
23 Zip
24 County

2a. Mailing Address
26 State, April 1st
27 City & State
28 Zip
29 County

3. Date Incorporated (or Created) **08/03/1978**

3a. Date of Last Report **02/09/1995**

4. EIN Number **59-1887783**

5. Corporate of Status (Domestic)

6. Has an Operating Plan (or Trust Fund Contribution)

8. This corporation is liable for intangible tax under s. 199.092, Florida Statutes Yes No

Applied For Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**MARIN, RAYMOND F.
16100 NE 16TH AVE, STE B
NORTH MIAMI BEACH, FL 33162**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Section 609.01, Florida Statutes, the undersigned hereby certifies that the information furnished on this report is true and correct to the best of their knowledge for the purpose of carrying out their respective offices or respective duties in the State of Florida. The undersigned hereby certifies that the corporation has been duly organized in the State of Florida in accordance with the provisions of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME: **PSD GAVIRIA, MARCO E**
STREET ADDRESS: **6925 BISCAYNE BLVD.**
CITY, STATE, ZIP: **MIAMI, FL 00000**

NAME: **VPAS GAVIRIA, JENNIFER M**
STREET ADDRESS: **6925 BISCAYNE BLVD**
CITY, STATE, ZIP: **MIAMI FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME Change Address

2. NAME Change Address

3. NAME Change Address

4. NAME Change Address

5. NAME Change Address

6. NAME Change Address

7. NAME Change Address

8. NAME Change Address

14. I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge for the purpose of carrying out my duties in the State of Florida. I am the President of the corporation and I am duly qualified to sign this report in accordance with the provisions of the Florida Statutes.

SIGNATURE: *Marco E. Gaviria* **MARCO E. GAVIRIA** 04/16/96 305-759-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

CR2E034 (12/95)