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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 584109 (3)

1. Corporation Name
MARINE & MERCANTILE ENTERPRISES, INC.



Principal Place of Business: 6825 BISCAYNE BLVD MIAMI, FL 33138
Mailing Address: 6825 BISCAYNE BLVD MIAMI, FL 33138-6798

MR. MARCO E. GAVIRIA
MARINE & MERCANTILE ENT. INC.

3. Date Incorporated or Qualified: 08/03/1978
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business: 2965 WESTBROOK WESTON, FL 33332-1842
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

4. FEI Number: 59-1887783
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIRIA, MARCO E	1.2 NAME	
STREET ADDRESS	6825 BISCAYNE BLVD	1.3 STREET ADDRESS	2965 WESTBROOK
CITY-ST-ZIP	MIAMI, FL 33138	1.4 CITY-ST-ZIP	WESTON, FL. 33332-1842
TITLE	VPAS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIRIA, JENNIFER M	2.2 NAME	2965 WESTBROOK
STREET ADDRESS	6825 BISCAYNE BLVD	2.3 STREET ADDRESS	WESTON, FL. 33332-1842
CITY-ST-ZIP	MIAMI, FL	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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marco E. Gaviria* DATE: 01/27/97 PHONE: 954-349-7173

CR2E034 (9/96)