

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90015 031 ***158.75

DOCUMENT # F98000005062

1. Corporation Name
MARVAC, INC.

Principal Place of Business
330 S.W. 27TH AVE. #502
MIAMI FL 33135

Mailing Address
330 S.W. 27TH AVE. #502
MIAMI FL 33135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 521 SW 64 COURT

Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

24 Zip 33144 25 Country USA

2a. Mailing Address

26 P.O. BOX 402011

Suite, Apt. #, etc.

27 City & State
28 MIAMI BEACH FL

29 Zip 33140 30 Country USA

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number 65-0873521
APPLIED FOR

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUITION, MARIA A
330 S.W. 27TH AVE, #502
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name DAVID M. LLEWELLYN
82 Street Address (P.O. Box Number is Not Acceptable)
521 S.W. 64 COURT
83
84 City MIAMI FL 85 Zip Code 33144

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 *David M. Llewellyn*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME GUITION, MARIA A
STREET ADDRESS 330 S.W. 27TH AVE, #502
CITY-ST-ZIP MIAMI FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME DAVID M. LLEWELLYN
1.3 STREET ADDRESS 521 S.W. 64 COURT
1.4 CITY-ST-ZIP MIAMI, FLA. 33144

2.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME MARCELA CARIAS
2.3 STREET ADDRESS Ave. los Proceres No. 10 Residencial Gala
2.4 CITY-ST-ZIP SANTO DOMINGO, Dom. Rep.

3.1 TITLE TREASURER ☐ Change ☒ Addition
3.2 NAME MARCELA CARIAS
3.3 STREET ADDRESS Ave. los Proceres No. 10 Residencial Gala
3.4 CITY-ST-ZIP SANTO DOMINGO, Dom. Rep.

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME DAVID M. LLEWELLYN
4.3 STREET ADDRESS 521 SW. 64 COURT
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)