

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

CORPORATION
ANNUAL REPORT
1995



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

APR 10 1995

DOCUMENT # **G22950 (1)**
1. Corporation Name
THE MARIBEL CORP.

95 MAY -1 11 11 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **3510 N.W. 60 STREET MIAMI FL 33142-2027**
Mailing Address: **3510 W. 60TH ST. MIAMI FL 33142 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1983** 3a. Date of Last Report: **05/24/1994**

4. FEI Number: **59-2257567** 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 unreported tax under § 199.032, Florida Statutes: Yes No

21. Principal Place of Business: State: FL Apt. #, etc.	26. Mailing Address: State: FL Apt. #, etc.
22. City & State: MIAMI FL	27. City & State: MIAMI FL
24. City: MIAMI County: DADE	29. City: MIAMI County: DADE

9. Name and Address of Current Registered Agent
**GARCIA, ILEANA
3510 N.W. 60 STREET
MIAMI FL 33146**

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 607.1508, 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: *X Ileana Garcia*

12. OFFICERS AND DIRECTORS

TITLE: DS	NAME: GONZALEZ, NORMA
STREET ADDRESS: 3510 N.W. 60 STREET	CITY, ST. ZIP: MIAMI FL
TITLE: D	NAME: GONZALEZ, CANDIDO
STREET ADDRESS: 3510 N.W. 60 STREET	CITY, ST. ZIP: MIAMI FL
TITLE: P	NAME: GARCIA, ILEANA
STREET ADDRESS: 3510 N.W. 60TH STREET	CITY, ST. ZIP: MIAMI FL
TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY, ST. ZIP: _____
TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY, ST. ZIP: _____
TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY, ST. ZIP: _____

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME: _____	
1. STREET ADDRESS: _____	
1. CITY, ST. ZIP: _____	
2. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: _____	
2. STREET ADDRESS: _____	
2. CITY, ST. ZIP: _____	
3. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME: _____	
3. STREET ADDRESS: _____	
3. CITY, ST. ZIP: _____	
4. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: _____	
4. STREET ADDRESS: _____	
4. CITY, ST. ZIP: _____	
5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME: _____	
5. STREET ADDRESS: _____	
5. CITY, ST. ZIP: _____	
6. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: _____	
6. STREET ADDRESS: _____	
6. CITY, ST. ZIP: _____	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on the 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an affidavit.

SIGNATURE: *X Ileana Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-27-95 (202) 633-0143
Tallahassee, Florida