

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **G49789** (2)

95 JAN 24 AM 9:37

1. Corporation Name  
**MARIANA TRADING CORP.**

Principal Place of Business  
**34 S E 2ND AVE  
STE 700  
MIAMI FL 33131  
US**

Mailing Address  
**34 SE 2ND AVE  
STE 700  
MIAMI FL 33131  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified  
**07/21/1983**

3a. Date of Last Report  
**04/25/1994**

4. FEI Number  
**59-2308275**

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

10. Name and Address of New Registered Agent

**MAGALHAES, MARIO  
1000 WEST AVE., #811  
MIAMI BEACH FL 33131**

81 Name **MAGALHAES, MARIO**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **3069 N.W. 99 PL.**

84 City **MIAMI** FL 85 Zip Code **33172**

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 *Mario Magalhães* **MARIO MAGALHAES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**

NAME **MAGALHAES, MARIO J**

STREET ADDRESS **1000 WEST AVE., #811**

CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **S**

NAME **FERRARI, CARLA**

STREET ADDRESS **1000 WEST AVE., #811**

CITY-ST-ZIP **MIAMI BEACH FL 33139**

1.1 TITLE

1.2 NAME **MAGALHAES, MARIO**  Change  Addition

1.3 STREET ADDRESS **3069 N.W. 99 PL**

1.4 CITY-ST-ZIP **MIAMI - FLORIDA 33172**

2.1 TITLE

2.2 NAME **FERRARI, CARLA**  Change  Addition

2.3 STREET ADDRESS **3069 N.W. 99 PL**

2.4 CITY-ST-ZIP **MIAMI - FLORIDA 33172**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mario Magalhães* **MARIO MAGALHAES** 1-17-95 (305) 358-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Signature Change #)