## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H01014

(0)

MARSON EXPORT & IMPORT, INC.

| FILED |      |         |          |  |  |  |  |  |  |  |
|-------|------|---------|----------|--|--|--|--|--|--|--|
| Jan   | 17   | 1997    | 8:00am   |  |  |  |  |  |  |  |
| Se    | ecre | etary o | of State |  |  |  |  |  |  |  |

| Principal Place of Business Mailing Address |   |  |                     |       | T JADOLOTI ALKI ODIJA HIDIK ORISK HABIS ALGI AMDIT OMATI ALOTI OLOTI DIDIL DIDIL DARK |  |          |                                   |                             |  |
|---|---|--|---------------------|-------|---|--|----------|-----------------------------------|-----------------------------|--|
| 10874 S. W. 154 TERR.<br>MIAMI FL 33157     |   | 10874 S. W. 154 TERR.<br>MIAMI FL 33157-1335 |                     |       |   |  |          |                                   |                             |  |
|   | •••   |  |                     |       |   | 3. Date Incorporated or Qualified 04/24/1984                                   |          | ate of Last F<br><b>29/1996</b>   | Report                      |  |
| 2. Principa<br>21                           | l Place of Business                             | 2a. Mailing Address                          | j,                  |       |   | 4. FEI Number<br>59-2406937  |          |                                   | pplied For<br>ot Applicable |  |
| Suite, Apt #, etc.                          |   | Suite, Apt #, etc.                           | Suite, Apt. #, etc. |       |   | 5. Certificate of Status Desired   | \$8.75   | \$8.75 Additional<br>Fee Required |                             |  |
| City & S                                    | taté  | City & State                                 | City & State        |       |   | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee |          |                                   |                             |  |
| Zip   | Country   | Zgo  |                     | intry |   | 8. This corporation has liability for  |          | tax under s                       |                             |  |
| 4   | 25  | 29   | 30                  |       |   |  | Yes L    |                                   |                             |  |
|   | 9, Name and Address of Curre                    | ant Hegistered Agent                         | ·····               | 81    | Name  | 10. Name and Address of New Re   | gistered | Agent                             |                             |  |
|   | OSS, MARJORIE M.                                |  |                     | 61    | Name  |  |          |                                   |                             |  |
|   | 0874 S.W. 154 TERR.                             |  |                     | 82    | Street Add  | ress (P.O. Box Number is Not Acceptal  | ole)     |                                   | ****                        |  |
| M   | iami FL 33157                                   |  |                     | 83    |   |  |          |                                   |                             |  |
|   |   |  |                     | 63    |   |  |          |                                   |                             |  |
|   |   |  |                     | 84    | City  |  | FL       | <b>85</b> Zip                     | Code                        |  |
| 44 0  |   | 66   |                     |       |   | poration submits this statement for the  |          | 1                                 | ita samistana               |  |
| SIGNATUR                                    | Esplana, typica di productivar e chropotisio fa |  |                     |       |   | red when reinstating)  ADDITIONS/CHANGES TO OFFI                               | DATE     | DIRECTO                           | DS IN 12                    |  |
| Til.E                                       | n   | DELETE                                       | 117                 | TI F  |   | ADDITIONS/CHANGES TO OTT   | SENS AND | Change                            | Additio                     |  |
| NAME  | ROSS, MARJORIE M.                               | beech  | 12 N                |       |   |  |          |                                   |                             |  |
| STREET ADDRES                               | ANNTA O MI ARA TEDD                             |  |                     |       | ADDRESS   |  |          |                                   |                             |  |
| CITY ST-ZIP                                 | MIAMI FL  |  | ľ                   |       |   |  |          |                                   |                             |  |
| TIT,E                                       | STD   | DELETE                                       | 2 1 Ti              |       |   |  |          | Change                            | Additio                     |  |
| NAME  | ROSS, ARTHUR                                    |  | 2.2 N               | AME   | 1   |  |          |                                   |                             |  |
| STREET ADDRES                               | ARATA CIM ATA TERR                              |  | 2.3 \$              | TREET | ADDRESS   |  |          |                                   |                             |  |
| CITY-ST-2IF                                 | MIAMI FL  |  | 2 40                | ITY-S | St-ZIP  |  |          |                                   |                             |  |
| T.TLE                                       | D   | DELETE                                       | 311                 | TLE   |   |  |          | Change                            | Additio                     |  |
| NAME  | ARABITG, DEVORAH J                              |  | 32 N                | AME   |   |  |          |                                   |                             |  |
| STREET ADDRES                               |   |  | 335                 | THEET | ADDRESS   |  |          |                                   |                             |  |
| CHY-ST-ZIP                                  | MIAMI FL  |  | 34.0                | ITY-S | ST - 7/P  |  |          |                                   |                             |  |
| THILE                                       | D   | ☐ D£t.ETE                                    | 4.1 T               | TLE   |   |  |          | ☐ Change                          | Additio                     |  |
| NAME  | LABRADA, JOANNA S                               |  | 4. 2 1              | IAME  |   |  |          |                                   |                             |  |
| STREET ADDRES                               |   |  | 4.3 S               | IREET | address   |  |          |                                   |                             |  |
| CITY - ST - ZIP                             | MIAMI FL  |  |                     | TY-S  | T-ZIP   |  |          | TT 6:                             |                             |  |
| THILE                                       |   | LJ DELETE                                    | 5.1 T               |       |   |  |          | Change                            | Additio                     |  |
| NAME  |   |  | 5.2 N               |       |   |  |          |                                   |                             |  |
| STHEET ADDRES                               | \$8   |  |                     |       | ADDRESS   |  |          |                                   |                             |  |
| C'T1 - S' - ZIP                             |   | - Oticie                                     |                     | ITY-S | T-ZIP   |  |          | Change                            | Andilla                     |  |
| TITLE                                       |   | ] DELETE                                     | 617                 |       |   |  |          | Change                            | Additio                     |  |
| NAME  |   |  | 62N                 |       |   |  |          |                                   |                             |  |
| STREET ADDRES                               | 86  |  |                     |       | ADDRESS   |  |          |                                   |                             |  |
| C TY - S1 - ZIP                             |   |  | 64 C                | ITY-S | T-ZIP   |  |          |                                   |                             |  |

14. Ido hereby certify that the information supplied with this fifing 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 Irustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.H.ROLL ARTHUR ROSS 1.7.97