FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J84284** **(5)**

1. Corporation Name

MARARO, INC.

Principal Place of Business	Mailing Address
% JOSEPH L. DIAZ, ESQUIRE 2522 W. KENNEDY BLVD. TAMPA FL 33609	% JOSEPH L. DIAZ, ESQUIRE 2522 W. KENNEDY BLVD. TAMPA FL 33609

2. Principal Place of Business	2a. Mailing Address
21 11301 N. Highway 301	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Thonotosassa, FL	28 City & State
24 Zip: 33592 Country: 25 Hillsborough	29 Zip 30 Country

3. Date Incorporated or Qualified: **07/27/1987**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **59-2830990** ☐ 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

DIAZ, JOSEPH L. ESQ.
2522 WEST KENNEDY BLVD.
TAMPA FL 33609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	GARCIA, MANUEL	
STREET ADDRESS	3301 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	DIAZ, ROMANA	
STREET ADDRESS	2806 N. HOWARD AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	O'Steen, Eugene	
1.3 STREET ADDRESS	4213 Deepwater Lane	
1.4 CITY-ST-ZIP	Tampa, FL 33615	
2.1 TITLE	VP/S/D	☒ Change ☐ Addition
2.2 NAME	Diaz, Romana A.	
2.3 STREET ADDRESS	4718 Christa Ct., #319	
2.4 CITY-ST-ZIP	Tampa, FL 33614	
3.1 TITLE	T/D	☐ Change ☒ Addition
3.2 NAME	Berry, Carson	
3.3 STREET ADDRESS	17602 Meadow Bridge Drive	
3.4 CITY-ST-ZIP	Lutz, FL 33549	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Romana Diaz ROMANA DIAZ 4-26-96 986-6462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #