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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

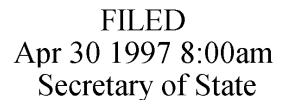
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J84284

(5)

MARARO, INC.

 	_	 	 _



A I DE I FIELD BAD		IBIN DIDI DIBI	BIBLI BIBLI BIBLI	0 0 1 1 1 1 1 1 1 1

11301 N HIGHM THONOTOSASS US	VAY 301	% JOSEPH L. DIAZ. ESO 2522 W. KENNEDY BLVD TAMPA FL 33609-3306			Date Incorporated or Qualified	Tee Date of	Last Report
					07/27/1987	05/01/1	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	1	Applied For
21		26			59-2830990		Not Applicable
Suite, Apt. #, etc.		27) Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	B.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	_	5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip 24	Country 25	Zip 29	Country 8. This corporation has liability for intangible tax under Florida Statutes				
	9. Name and Address of Curr	ent Registered Agent		T-:::-	10. Name and Address of New Re	gistered Ager	nt
	, Joseph L esq		81	Name			
2522 WEST KENNEDY BLVD TAMPA FL 33609			82	Street A	ddress (P.O. Box Number is Not Acceptab	ole)	
			83				
			64	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	utes, the abov	e-named c	orporation submits this statement for the p		naina its reaistered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was	authorized b	v the coroc	ration's board of directors. I hereby accep	of the appointm	nent as registered
SIGNATURE	The state of the s	general off cacherrate action.	1011000 4701410				
	Signature, typed or printed name of registered r			ent signature re	quireo when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD O'STEEN, EUGENE	DELETE	1.1 TITLE	,		Ц,	Change Addition
NAME STORES ADDRESS	4213 DEEPWATER LANE		1.2 NAME	Y ADDRESS			
STREET ADDRESS City-St-Zip	TAMPA FL		1.4 CITY-	T ADDRESS			
TITLE	VPSD	DELETE	2.1 TITLE	31. 511			Change
NAME	DIAZ, ROMANA	_	22 NAME	-			-
STREET ADDRESS	4718 CHRISTA CT. #319		2 3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-	ST-ZIP			
TITLE	TD	DELETE	3.1 TrillE				Change Addition
NAME	BERRY, CARSON		3.2 NAME				
STREET ADDRESS	17802 MEADOW BRIDGE DR	IVE	3.3 STREE	1 ADDRESS	•		
CITY-ST-ZIP	LUTZ FL	T oner	3.4 CITY-	ST-ZIP			Observe Total
TITLE		[] DELETE	4.1 TITLE			<u></u>	Change Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	44 CHY- 51 TRLE	51-21		П	Change
NAME			5.2 NAME	ĺ		part '	
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP	•		5.5 STILL				
TITLE		DELETE	6.1 TITLE		<u></u>		Change Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY -	S1-ZIP			
	by certify that the information suppl	ied with this filing does not que	lify for the ex	emotion sta	ted in Section 119.07(3)(i). Florida Statute	s. I further cer	tify that the

I have a supposed the information supplied with this mining does not quality for the exemption stated in Section 119.07(3)(1), 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.

4-24-97

986-6442