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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K75567 (3)

1. Corporation Name

COMAR MANAGEMENT ASSOCIATES, CORP.

Principal Place of Business

1958 SHEFFIELD AVE
MARCO ISLAND FL 33937
US

Mailing Address

1958 SHEFFIELD AVE
MARCO ISLAND FL 34145-6705
US

3. Date Incorporated or Qualified
03/27/1989

3a. Date of Last Report
01/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

34145

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

34145 only

Country

4. FEI Number

65-0246847

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

CALZADO, RAMONA M.A.
1958 SHEFFIELD AVE
MARCO ISLAND FL 33937

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

34145

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DE DE LA TORRE, HERMINIA
STREET ADDRESS 9750 N.W. 48TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE
NAME ARGIMIRO, ERIC C
STREET ADDRESS 1958 SHEFFIELD AVE
CITY-ST-ZIP MARCO ISLAND FL

TITLE STD ☐ DELETE
NAME CALZADO, RAMONA M.A.
STREET ADDRESS 1958 SHEFFIELD DR
CITY-ST-ZIP MARCO ISLAND 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2045 S.E. 5th P1
1.4 CITY-ST-ZIP Homestead, FL 34145

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE T/S ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

R. Calzado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMONA M. A. CALZADO

Date

Daytime Phone

941-128/97 642-3659

CR2E034 (9/96)