


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

FILED
May 16 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 # L58931 (1)					
1. Corporation Name MARIMAR INTERNATIONAL, INC.					
Principal Place of Business C/O JUAN N. BARRIOS 521 BUENA VISTA LAKELAND FL 33806 US			Mailing Address C/O JUAN N. BARRIOS 521 BUENA VISTA LAKELAND FL 33805-4504 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/19/1990 3a. Date of Last Report 07/26/1996 4. FEI Number 59-3005315 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BARRIOS, JUAN 5329 GLENMORE DRIVE LAKELAND FL 33813			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRIOS, JUAN N. M.D.		1.2 NAME		
STREET ADDRESS	5329 GLENMORE DRIVE		1.3 STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL		1.4 CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRIOS, MIRTHA M.		2.2 NAME		
STREET ADDRESS	5329 GLENMORE DRIVE		2.3 STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL		2.4 CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRIOS, NICOLAS J.		3.2 NAME		
STREET ADDRESS	5329 GLENMORE DRIVE		3.3 STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL		3.4 CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRIOS, CHARLES A.		4.2 NAME		
STREET ADDRESS	5329 GLENMORE DRIVE		4.3 STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL		4.4 CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRIOS, MICHAEL J.		5.2 NAME		
STREET ADDRESS	5329 GLENMORE DRIVE		5.3 STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL		5.4 CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRIOS, JAMES		6.2 NAME		
STREET ADDRESS	521 BUENA VISTA		6.3 STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL		6.4 CITY- ST- ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0392390

CR2E034 (9/96)